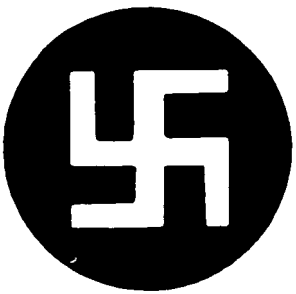
MASS MURDERERS IN WHITE COATS



PSYCHIATRIC GENOCIDE IN NAZI GERMANY AND THE UNITED STATES

BY

LENNY LAPON

MASS MURDERERS IN WHITE COATS

- DOCUMENTS the mass murder of "mental patients" by psychiatry in Nazi Germany and in the United States--a fact referred to by the author as psychiatric genocide. In fact, Lenny Lapon shows how the killing of thousands of psychiatric inmates and other "useless eaters" in Hitler's Third Reich set the stage in a practical and ideological way for the later extermination of six million Jews and other victims of Nazi persecution. Other Holocaust researchers rarely acknowledge the incredible importance of this fact.

- SHOWS the common ideological roots of the killings in Nazi Germany and harmful and often fatal psychiatric "treatments"/tortures in the United States--roots in eugenics and other political practices and ideas that continue on a massive scale today.

- GIVES an *ex-inmates's/"mental patient's" perspective* of the oppressiveness of psychiatry, its violence, its dangers and its use as a major form of social control.

- PRESENTS lengthy excerpts from conversations Lapon had with eleven psychiatrists who are *members of the American Psychiatric Association (APA) and who are also connected in various ways to Nazi Germany*.

- DETAILS a history of the organized resistance to psychiatric oppression by its victims--a history of the *psychiatric inmates liberation movement*. This includes many important events and documents of this movement in which Lapon has been an activist for eight years.

PSYCHIATRIC GENOCIDE RESEARCH INSTITUTE
P.O. BOX 80071
SPRINGFIELD, MA 01138-0071

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For people everywhere who struggle against psychiatric oppression.

In memory of all those killed and suicided by psychiatry.

For freedom and equality, justice and truth.

For my mother and father, my wife Chris, my children Gary and Roberta and my friend John Judge.

"Psychiatry Kills"

-- a slogan of the psychiatric inmates liberation movement

"You know perfectly well what is the matter with you....You are mentally deranged. You suffer from a defective memory. You are unable to remember real events, and you persuade yourself that you remember other events which never happened. Fortunately it is curable....Even now...you are clinging to your disease under the impression that it is a virtue....

It is impossible to see reality except by looking through the eyes of the Party. That is the fact that you have got to relearn....You must humble yourself before you can become sane."

"Shall I tell you why we have brought you here? To cure you! To make you sane!....no one whom we bring to this place ever leaves our hands uncured....We are not interested...in the overt act: the thought is all we care about. We do not merely destroy our enemies; we change them."

O'Brien to Winston
-- George Orwell's 1984

ACKNOWLEDGMENTS

This book is the product both of several years of research and of my experiences as an active participant in the psychiatric inmates liberation movement. During that time I have met, struggled with, listened to and read the writings of many hundreds, if not thousands, of other people. Of course, without them Mass Murderers in White Coats would not exist. I sincerely express my gratitude to all who have contributed to this effort either directly or indirectly. I also hope that I don't offend anybody by omitting her/his name from this section--or, for that matter, by including it.

I would like to offer special thanks to John Judge for being an extraordinary friend and support as well as a dedicated researcher and anti-psychiatry activist. John's knowledge and political analysis, especially in regard to the post-World War II influence of the Nazis in the United States, was an inspiration for much of my research. Thanks also to John for performing the laborious task of compiling the detailed index to this book.

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I thank David Oaks and Arlene Sen for initially helping me to see that the liberation of psychiatric inmates and the struggle against psychiatry are radical politics.

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Many thanks to the staff of South End Press for rejecting my manuscript (after leading me on for a year), thus sparing me from having to deal further with their mentalism and liberalism.

PREFACE

I have written Mass Murderers in White Coats for several reasons and in the hope that it will help to bring about various results. These overlapping reasons and results are:

1. To document the mass murder of "mental patients" by psychiatry in Nazi Germany and in the United States--a fact I refer to as psychiatric genocide. In fact the killing of hundreds of thousands of psychiatric inmates in Hitler's Third Reich by their psychiatrists set the stage in a practical and ideological way for the later extermination of six million Jews and other victims of Nazi persecution. Holocaust scholars rarely acknowledge the incredible importance of this fact. Being Jewish was another diagnostic category of the psychiatrists and other doctors who sent their "patients", "criminals", "asocials", and other "useless eaters" to the gas chambers.

2. To show the common ideological roots of the killings in Nazi Germany and harmful and sometimes fatal psychiatric "treatments"/tortures in the United States--roots in eugenics and other political practices and ideas that continue on a massive scale today (although in somewhat more subtle ways).

3. To give an ex-inmate's/"mental patient's" perspective of the oppressiveness of psychiatry, its violence, its dangers and its use as a major form of social control, especially in the United States. I am concentrating on the U.S. because this is the country I am from and whose psychiatric system I know best. Former psychiatric inmates in other countries have come up with parallel indictments of psychiatric methods and their role in society.

4. To present lengthy excerpts from conversations I had with psychiatrists who are members of the American Psychiatric Association (APA) and who are also connected in various ways to Nazi Germany--as psychiatrists who transferred "patients" to be killed, as students of killer-psychiatrists, etc. I had very limited resources both in terms of time and money with which to pursue these direct connections between U.S. psychiatrists and Nazi Germany. I hope this book stimulates other researchers to

continue looking into such areas as the post-World War II emigration to the United States of Nazi psychiatrists, politicians, military officers, scientists, intelligence agents and others. Such information must then be brought to public attention.

5. To write a history, admittedly an abbreviated one, of the organized resistance to psychiatric oppression by its victims--a history of the psychiatric inmates liberation movement. I hope that this book might be a force in building and radicalizing this movement, of which I have been a part for eight years.

6. To bring all of the above into wider public awareness in the hope that such awareness will lead to discussion, debate and action directed toward the elimination of incarceration in psychiatric institutions, forced drugging, electro-shock, psychosurgery, behavior modification, isolation cells and shackles as well as the growing malignant influence of psychiatry in all our lives and institutions. I have no doubt that those of you who take the time to read this book will forever question the idea that psychiatry is the "helping profession".

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INTRODUCTION (PART 1)

ANYONE CAN GET LOCKED UP

IN A PSYCHIATRIC INSTITUTION

OR

HOW THE "MENTAL HEALTH" SYSTEM WORKS

Who is most likely to end up in a "mental hospital", a psychiatric institution? Diagnostic criteria or "symptoms" of so-called "mental illness" are very subjective and arbitrary. Where does normalcy end and "mental illness" begin? These fabricated illnesses and their "symptoms" are described by equally vague, general, and unscientific terms such as schizophrenia, inappropriate or flat affect, hostility, clinical depression, grandiose or paranoid thoughts, suicidal and homicidal ideation and agitated behavior. Despite psychiatrists' assertions to the contrary, there is no way to objectively and scientifically label emotions as sick, as pathalogical in a medical sense. When does fear become "paranoia"? Unhappiness become clinical depression? Eccentric behavior become abnormal or psychotic? "Wishing one were dead" become an illness?

Anyone who has observed the diagnosing process as an inmate/"patient", student, or worker has witnessed its arbitrariness. Psychiatrists will often disagree on diagnoses. If you brought a rebellious teenager before a panel of psychiatrists, you could easily get as many diagnoses as there were psychiatrists--from "adolescent adjustment reaction" to "borderline personality", from "schizophrenia" to "neurosis" and probably several others. Inmates' records often contain several different diagnoses that reflect the absurdity of the whole process. Yet so many people in our society defer to these stuffy, pseudoscientific doctors who couch their labelings in scientific and technical-sounding terminology.The courts give them and only them "expert witness" status in decid-

ing who's crazy and who's sane. Even a few psychiatrists, like Thomas Szasz can recognize that "mental illness" is only a myth, a "psychiatric delusion", if you will.

Because of this arbitrariness and vagueness anyone can end up as a "mental patient". However, certain people are more likely than others to find themselves in psychiatric institutions or otherwise subjected to psychiatric practices. These are the least powerful members of our society such as the poor and unemployed, women (for example, assertiveness in women is often labeled "aggressiveness"), gays*, Blacks (especially with the diagnosis of "mental retardation"), the young (rebellious teenagers and "hyperactive" kids), the old, battle-worn Vietnam veterans (and veterans of other wars), homeless people, scapegoated members of the family (including the rich who don't conform to class expectations) and those who are not considered attractive in terms of TV commercial stereotypes. Also particularly susceptible are the nonconformists, those who rebel against societal "norms", customs and injustices. Staying up all night might be OK if one is getting drunk at a college party but may be a symptom of "mania" if one is walking the streets all night or working on something in a way that a psychiatrist describes as "obsessive". An ad in the January 19, 1979 issue of Psychiatric News, the newspaper of the American Psychiatric Association, consisted of a picture of the famous music composer Handel along with this caption:

> George Frederick Handel (1685-1759), known for his swings from depression to mania, composed his majestic Messiah oratorio in only six weeks. If he were living today, lithium would probably control his symptoms.**

Lithium is a drug usually given to people labeled "manic-depressive". It tends to depress the brain and central nervous system, flattening out or dulling all feelings and emotions.

During the Vietnam war era, draft and military resisters, pacifists, "hippies" and other members of the coun-

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* In fact, until 1973 "homosexuality" was one of the diagnostic categories of the American Psychiatric Association (APA).

** Source is: Dr. Caligari's Psychiatric Drugs. Berkeley, California: Network Against Psychiatric Assault, 1984, p. 39.

terculture often found themselves locked up in psychiatric institutions with such symptoms as "refusal to get a haircut and shave beard", "refusal to eat meat" (i.e. vegetarianism) and other personal protests against establishment values and customs.

Others who end up under psychiatry's heavy hand for their thoughts, words and "behavior" include women who refuse to conform to oppressive, stereotyped roles of housekeeper and "good" wife and mother; men who are unable and/or unwilling to accept limited roles as providers/disciplinarians; men and women who are victims of the more and more oppressive nature of many jobs, such as assembly lines, typing and word-processing (where key stroke quotas are increasingly applied). Importantly, those in control of industry, along with their industrial psychologists and technology, purposefully make jobs more fragmented and boring to lessen the power and control of the employees and to lower their wages. An article in the April 20, 1984 issue of Psychiatric News was entitled "Task Force Suggests Increasing Involvement in Industry" and reported the conclusion of the APA's Task Force on Psychiatry and Industry, that "enormous untapped opportunities existed for psychiatrists to get involved in occupational mental health." Although the task force professed interest in "helping" the employee as well as employers, its pro-management position became clear as evidenced by statements such as the following:

> The psychiatrist must understand that part of the job is to further the overall mission of the enterprise and accept the fact that this allegiance may sometimes conflict with the needs of specific employees. It requires changing the traditional psychotherapeutic orientation and understanding the organization.

All of this is not to deny that people in these various relatively powerless situations often feel tremendous, even unbearable, amounts of stress, pain, fear, despair and unhappiness. Nor does it deny that their/our reactions are sometimes frightening and/or disturbing to others--reactions such as crying, screaming, talking to oneself, not talking at all and an infinite number of other so-called "bizarre, inappropriate behaviors" such as running through the streets naked (which is presumably "sick" in New York City but quite healthy at an elite nudist camp or on the pages of an erotic magazine).

Our values, our thoughts, our minds are influenced/controlled to a considerable extent by what we see and hear on television and the other tools of the major

media. Subliminal messages, commercials, soap operas, plots of regularly scheduled programs and made-for-TV specials are generally used to defend the status quo, to brainwash us with very specific, rather conservative ideas about work, family, religion and politics. These implements of mass communication are also utilized to induce us to buy things and to think we need things like expensive, "sexy" cars, endless insurance "protection", thousands of beauty and hygiene products and the latest toys for the kids. Sex, power, popularity and security are all explicitly or implicitly promised. Yet, if one says that her/his mind and thoughts are being controlled via the television, (s)he is liable to be locked up for being "delusional", "schizophrenic" and so on. Why is it healthy for a poet or songwriter to put forth ideas in metaphor and symbol but "mentally ill" for other people to live their lives, expressing certain thoughts, beliefs and actions in a metaphorical way? Or perhaps it's not even metaphorical. "They" may be directly controlling our thoughts. They're certainly trying hard enough. The CIA (Oops! That's really crazy, sick, when you think the CIA's trying to control your mind), other intelligence agencies and their psychiatrists--as well as other psychiatrists--are always attempting to change people's thoughts and actions by using mind-controlling/altering drugs, incarceration in institutions, threats, psychosurgery, electroshock and at times brain implants of electrodes and other electronically sophisticated receiving and transmitting devices. They constantly experiment on people in the general public, on inmates of psychiatric and so-called "correctional" prisons (See the year 1949 in the chronology of Chapter 5 for some examples). In fact, what really scares me is not that there are some people who somewhat erroneously think that they are a part of a CIA experiment, but rather that there are so many who erroneously think they are not a part of such an experiment and/or operation.

People get subjected to forced psychiatric "treatment"/torture for many reasons besides running naked in the street and thinking or realizing that they are involved in direct and indirect CIA mind control experiments. Psychiatrists have been correctly called the thought police, since they are agents of social control whose function is to force conformity to rigid, basically conservative social norms. Their method is very devious in that it uses the medical model and professes to help its victims. Psychiatrists label conformity as healthy and nonconformity and rebellion as "sick", "mentally ill", "deviant", "disturbed", etc.

The "mental health" system is especially insidious because it claims to help people while it usually "treats" them against their will. Even when people voluntarily submit to "treatment" they are not told the dangers involved, such as the brain-damaging effects of the drugs and electroshock, the probability of forced drugging and the frequent difficulty in ending "treatment" begun voluntarily.

Psychiatric techniques, especially drugs and behavior modification are being used increasingly in many key areas of our society to quell dissent and rebellion as well as to enforce conformity. Prisons are more and more resembling "mental hospitals". One of the most severe behavior modification programs exists at the federal prison in Marion, Illinois. Nearly all prisons are using psychiatric drugs in large amounts. Nursing homes, schools, "half-way houses", and "community mental health centers" commonly use these methods.

Psychiatry is big business. Billions of dollars accrue to "mental health" professionals, psychiatric institutions and the drug companies each year. The drug companies are the second most profitable industry in the U.S. Most of them are multinational corporations that exploit Third World countries as well. The federal government, through the National Institute of Mental Health (NIMH) along with state and local governments pours added billions into this industry. NIMH takes credit for being instrumental in increasing the number of psychiatrists in this country from 5000 to over 31,000 in the past 33 years through enormous training grants.

The vast majority of present and former "mental patients" are low income. Many receive only public welfare or social security; countless others are unemployed and unemployable because of the stigma of their psychiatric labels, the effects of their drugs and long years lost in psychiatric institutions. Thousands work in so-called "sheltered workshops" where they do the most boring work imaginable (such as untwisting telephone cords) for wages as low as 50¢ an hour. These workers are excluded from coverage under the minimum wage laws and have also been denied the right to unionize by the U.S. Supreme Court.

Many people in this country have died as a result of their oppression by psychiatry. Drugs and electroshock have killed "mental patients" both directly and indirectly. The Physicians' Desk Reference (PDR) put out by the drug companies themselves has been forced to list sudden unexplained death as an effect of many of the psychiatric

drugs. Over the past few years hundreds of residents of boarding homes have been killed in fires throughout the country because they were too heavily drugged to wake up and escape. Others have been driven to suicide as a result of the drug-induced disease called tardive dyskinesia, whereby the face and lips and tongue are constantly contorted by involuntary, bizarre grimaces and rhythmic movements.

Psychiatry is actually based on an enormous erroneous assumption--the assumption that "mental illness" exists as a disease or various diseases. Of course, the mind cannot be diseased in the same way as the body. The mind is intangible. Webster's defines the mind as "the element or complex of elements in an individual that feels, perceives, thinks, wills, and especially reasons." One can only have a sick mind in the metaphorical sense, not in any medical or scientific sense. For example, we might say metaphorically that President Reagan is really sick to take away funding from poor children's school lunch programs and then give this money to wealthy corporate nuclear missle manufacturers. But as morally evil and socially decadent as this may be--it is not a medical problem, not a disease. It is rather a political, social and moral problem. This is a very important distinction, for if a problem is political, financial and the like, its solution will employ political and economic methods, not medical ones, such as drugs.

A favorite ruse of psychiatry is to label certain kinds of violent behavior as "mentally ill". As far as I know, none of the Pentagon's generals were committed to psychiatric institutions for their genocidal violence against the people of Vietnam and (by proxy) the people of Iran and El Salvador. Nor are those cops in this country who routinely beat and often murder Blacks and other Third World people in our large cities accused of being "mentally ill". But psychiatrists are quick to attribute any violence committed by an ex-"mental patient" (psychiatric inmate) to her or his "illness". This is still true despite the fact that the psychiatrists' own studies repeatedly show "mental patients" to be <u>less</u> violent, on the average, than the rest of society.

The case is similar for other so-called diseases of the mind, for which psychiatrists offer such diagnoses as schizophrenia, psychosis, neurosis, manic-depression and borderline personality--diagnoses ad nauseam. They simply don't exist as disease entities. They can't be isolated in a test tube or on a glass slide. There is no schizophrenic germ, virus, or cell. No psychotic or neurotic

tissue. No biopsy to get a piece of a borderline personality. Sure, there's enormous emotional pain and human suffering. However, they are not medical, i.e. psychiatric problems. I emphasize that they are problems, conditions that have complex social, political and economic roots. Therefore we can't call the doctor/psychiatrist to drug or shock them away. In fact, these practices are more likely to vastly compound the original problems. Instead, we must work together to bring about major--yes, revolutionary--social and political changes to lessen the tremendous amount of human suffering. Not only must our revolution eliminate economic exploitation, racism, sexism and heterosexism, it must also strive to eliminate mentalism--the oppression of people on the basis of their thoughts, ideas, perceptions, unpopular behavior and presently or formerly alleged "mental illness". Psychiatry must be recognized as the biggest sham of the 20th century and as a catalyst for implementing "1984", "Brave New World", and "Friendly Fascism".

Few progressively-minded people would disagree that this country is taking a sharp turn to the right, toward fascism. Some call it a "friendly fascism" because of its 1984-like quality. Those who are concerned about this movement to the right should be interested to know that psychiatrists in Nazi Germany killed seven-eighths of the "mental patients" (nearly 300,000 people) from 1939 to 1945. Gas chambers were used on "mental patients" for two years before they were used on Jews and other forms of life deemed "not worth living" and "incurable".

Let this be a lesson for all people. We are not talking about a medical issue; we are talking about a matter of personal, political liberation, the right of all people to self-determination, to control their own lives. Surely we must be as interested in the freedom of this country's millions of present and former psychiatric inmates as we are in that of other oppressed people throughout the world.

INTRODUCTION (PART 2)

HOW I BECAME A "MENTAL PATIENT"

I, an ex-"mental patient", am probably very similar to most of you in a number of ways. You are most likely more similar to me than you are to the rich, upper-middle class, usually white and male psychiatrists who must protect the status quo to maintain their own status, position and money.

I am married and have an infant son as well as a teenaged daughter by a previous marriage. I am twice divorced, drive a twelve year old car with 140,000 miles on its odometer, have a very small bank account and lots of bills. I come from a low-income working class background. My father is a veteran of World War II (as a decorated infantry corporal he helped defeat the Nazis) who worked as a government clerk to support my mother, my two brothers and myself. My mother stayed home, raised us kids and did the housework in our five-room housing project apartment, although she had graduated from college at the age of 20. She was born a generation too early to reap many of the benefits of the women's liberation movement.

I worked my way through college with the help of scholarships and loans, receiving a B.A. in Liberal Arts (economics major) in 1969. In 1975 I went to graduate school in counseling and received a Master's degree the following year in that field at Boston State College. If I had known then what I know now, I wouldn't have gone that route, but I too thought counseling was a way to help people. I didn't see the forest through the trees. I didn't realize until later that the bottom line in counseling, in therapy, is to persuade and/or coerce people into adjusting to their environment and consequently to the injustices in our society.

Last year I taught mathematics in a junior high school until I resigned my position in April because I could no longer "deal with" the contradictions of disciplining chil-

dren who had no control over what they learned, who taught them, the school rules or administrative decisions. The children constantly reminded me of these facts, especially by their nerve-shattering rebellion in my class--oops, I mean by their "inappropriate, acting-out misbehavior". Teenaged kids are really tough nowadays, but they are also quite powerless. Their teachers do not have an easy job either and I certainly respect many of them for their sincere efforts to educate in an atmosphere as oppressive as that of our schools.

I have also worked as a part-time math teacher at a community college in Philadelphia and helped to organize a union there. I've driven a taxicab in Boston for a couple of years. Those of you who have driven in Boston realize how crazy that is! Another job I've held is that of a counselor in a half-way house for so-called "retarded" adults. (Please see Appendix 3 for "The Myth and Politics of Mental Retardation".)

I like baseball and jogging, going to the movies, reading the daily newspapers (as well as more truthful books and periodicals), talking about Nazis and political conspiracies, being with and making love to my wife, and watching the Boston Celtics win basketball games on color TV--my wife's and my first--which we purchased two years ago with "wedding money".

For a long time I have thought that the manner in which I ended up on a psychiatric ward was uninteresting and nondramatic, probably because I've seen and known so many people who were more dramatically and forcibly subjected to psychiatric procedures. I've also felt a lot of guilt at having participated rather willingly in my "hospitalization" while others have fought so determinedly and bravely to resist theirs. However, I have just recently come to believe otherwise. Perhaps those of you who still think it could never happen to you, could even more easily identify with my story and hopefully be in a better position to avoid what I "voluntarily" accepted.

In April of 1973 I was in tremendous distress. My second marriage was falling apart, a mere ten months after it had begun. (I hope that those of you who have stayed in miserable, unhappy marriages for five, ten, twenty or fifty years for such reasons as "for the sake of the kids"--kids who probably wish you had split up years ago--won't get too smug and detached from my situation. As I'm sure you're aware, there are too many miserable marriages and miserable divorces in our miserable times.) I was very upset at the break-up of this marriage in a large part because it brought up painful feelings and

reminders of the "failure" of my first marriage, the latter involving my separation from my daughter who was only a year old at the time and whom I loved a great deal and felt very close to. In addition, I felt a sense of failure, rejection, inadequacy and emptiness as most other people must feel when their marriages (and other very close relationships) turn sour and come to an end.

My unhappiness was compounded by the fact that I didn't like my job as a taxicab driver. Although I usually like driving, I found it more and more stressful to drive in city traffic for about ten hours a day, five or six days a week. I also felt I'd rather be doing, in fact, was obligated, morally duty-bound to do other things such as changing our horrible world. I was especially disturbed by the genocide the U.S. Government was carrying out in Vietnam and the rest of Southeast Asia. I felt powerless to do much about it, although I did participate in a few demonstrations, acts of civil disobedience and leafleting. Unfortunately, I was quite naïve politically, at least in regards to organizing with other people and the effectiveness, power, confidence and support one often gains from struggling closely with others for social and political change. Like so many other young (and some older) people in this country at that time I was very alienated, felt I didn't belong and had little idea of how to change things.

So, by April I had begun to get severe headaches, often lasting for hours at a time. I felt very bad about myself, didn't admit that I was unhappy being with my wife and didn't know where to turn for relief, for help. Being a male in this twentieth-century United States I was also well conditioned to hold in many of my feelings, especially those of sadness, crying and sensitivity to others. (Females, of course, are conditioned not to express even more of their feelings, especially those of anger and rage, as well as their thoughts, needs and desires.) All of us are conditioned as well not to talk to each other about out deepest feelings and fears, except at times to our closest friends and, of course, to psychiatrists and other therapists. This fact must not be taken lightly. The business of voluntary psychotherapy and counseling almost totally depends on this inhibited communication among people outside the "therapeutic relationship".

In short, I had headaches, misery, a lot of nervousness and few people to turn to, so I went to see a counselor. I met with her once a week for several months, talking about things I dared not discuss with other people.

After a few months of this counseling she moved out of state to attend graduate school and referred me to the outpatient psychiatric department of a general hospital in Boston. The first thing they did there was to have a psychiatrist give me a prescription for Stelazine, a powerful psychiatric drug (a "major tranquilizer") that can cause brain damage (although I didn't realize this fact until years later--psychiatrists never tell you about the more serious and dangerous effects of their drugs). The Stelazine caused me to sleep much more than usual and to become drowsy while driving (very dangerous for a cabbie) and most importantly for me, to pace nervously like a cat. This pacing effect was never explained to me and years later, when I saw others pacing from this drug and after I had read about this particular effect, only then did I realize that I hadn't been pacing because I had been "sick", nervous due to my many problems, but because of the prescription drug I was taking.

A month or two after my introduction to Stelazine I met twice at this "outpatient clinic" with a psychiatrist whom I think was a new resident. The first time we met neither of us said a word for nearly the whole hour. At least, in my previous counseling I had felt freer to talk about what was on my mind. The second session began with the same silence. I asked him why he didn't say anything, i.e. ask me questions about my feelings, "issues", and so on, but he tried to turn all my questions back on me. Either he was as nervous and afraid as I was or he was being kind of cutesy, seeing himself as a "non-directive" therapist or whatever. Regardless, I told him off and said that I didn't find it helpful sitting in silence with him for a fee, even though it was on a sliding scale, and that I wouldn't be seeing him again.

I continued taking the Stelazine which I then believed to be medication for my "illness". The pacing and anxiety increased rapidly over the next two months. During this period I was also given Thorazine, another potent, potentially brain-damaging psychiatric drug. Soon I was unable to work, to sleep well, to control my thoughts. Some of this was due to my unhappiness, some to the drugs. I'll never know for sure exactly how much to attribute to each for they played off each other, having an additive effect. I was nervous and unhappy. The drugs made me pace. I became more nervous, unhappy and afraid that I was getting "sicker" because I was pacing. The doctors compounded my difficulties by increasing the dosages. I was caught in a vicious cycle.

My despair and anxiety were so great by September

that on the 27th of that month I voluntarily admitted myself to the inpatient psychiatric ward of University Hospital in Boston, another general hospital. I remained there for ten weeks, during which time I was continuously drugged into oblivion on high doses of another "major tranquilizer", Mellaril. All the while and, after my discharge for six more months as an outpatient Valium addict (psychiatrist-prescribed), I bought their backwards logic, that since I was being "treated" with drugs for an "illness" diagnosed by a doctor, I was "sick", "mentally ill". In all I spent a year of my life under the influence of moderate to very heavy doses of psychiatric drugs.

Most importantly, I am now an "ex-mental patient"--now and forever. I can never change that fact. I can be and am discriminated against because of it. When I was released from the "hospital", my former wife considered me a "dangerous ex-mental patient", although I had never been physically violent against her or our daughter (not even a spanking in over four years). She and the courts wouldn't allow me to resume visiting rights until I had talked to a court psychiatrist and brought a letter from the psychiatrist who had "treated" me, attesting to the fact that I wasn't dangerous to my daughter. When I apply for a job I usually try to conceal the fact that I was once in a psychiatric institution. In my recent teaching experience in a small town junior high school I was afraid the entire time to reveal a major part of who I am--an ex-"mental patient" and an activist in the psychiatric inmates liberation movement. I didn't trust the administration, fellow teachers and the students not to use this fact against me. Many of them might have been very supportive, understanding and more politically and socially conscious had I revealed myself, but I felt that I would have become too vulnerable to harassment, ridicule, possible dismissal (especially not having my contract renewed since this was my first year teaching in this particular town and I was not tenured) and social isolation.

That just about brings us up to today in my life. As of this writing I am again a part-time math teacher at a small college. How about you? Did you ever serve/spend time in a psychiatric institution? Ever go for counseling to a psychiatrist, psychologist, therapist, counselor or social worker? Ever tell him/her you felt like killing yourself-who hasn't at one time or another? Have you been given psychiatric mind-altering drugs--"major or minor tranquilizers", "anti-depressants", sedatives or sleeping pills--by a psychiatrist, your regular family M.D. or the "company doctor" where you work? Were you

informed of all the possible effects of the drugs? Are you aware of the Physician's Desk Reference (PDR), a book where you can look up many of the so-called "side-effects" of drugs. Have you or your spouse, parents, children, other relatives or friends been given drugs and otherwise psychiatrized in a psychiatric institution, general hospital, "community mental health center", prison, nursing home, "juvenile detention center" or workplace? Maybe you should be concerned about it. It happened to me and millions of other "mental patients" and almost-"mental patients". Psychiatry is an octopus-like malignancy whose tenacles wind their way into all aspects of our lives.

1

PSYCHIATRY: TOOL OF FASCISM*

The first gas chambers were those operated by psychiatrists in 1939 at Brandenberg, one of six "euthanasia" installations in Nazi Germany for killing "mental patients". Then, two years later, experienced killer-psychiatrists were called in to set up and operate the gas chambers at Auschwitz. In September 1941 the first gassing took place in that concentration camp, the victims being 250 "mental patients" and 600 Russian prisoners of war and Jews.(1)

It was not a handful of aberrant psychiatrists or quacks who participated in and provided the pseudo-scientific rationale for the elimination of "inferior human material" such as "mental patients", Jews, Gypsies, gays, and Slavs. There was, in fact, a very strong eugenics movement that considered certain people and races superior to others and advocated the purification of the human race by selective breeding, i.e., sterilization. As early as 1920, Alfred Hoche, a psychiatry professor, had written the book, The Release of the Destruction of Life Devoid of Value.(2) Hoche was the director of the psychiatric clinic at Freiburg and trained some of the better known psychiatrists in Germany.(3)

Importantly, the racist eugenics movement did not begin in Germany. Francis Galton, the English psychologist who founded eugenics, stated on October 17, 1884, "The Jews are specialized for a parasitical (Galton's emphasis) existence upon nations....."(4) In the United

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* This chapter first appeared in a slightly different form as an article in the Summer 1982 issue of Madness Network News, a national journal of the "mental patients" liberation movement.

States the eugenicist fathers of "intelligence" testing, Henry H. Goddard and Lewis M. Terman, were active long before the publishing of Hitler's Mein Kampf in 1925 or the taking of power by the National Socialist (Nazi) Party in 1933. In 1912 Goddard wrote The Kallikak Family: A Study in the Heredity of Feeble-Mindedness.

The American eugenicists had a profound influence on the Nazi doctor-murderers and mass-sterilizers of the 1933-1945 period. When Hitler came to power in 1933, he instituted the Nazi Act for Averting Descendants Afflicted with Hereditary Diseases. This Eugenics Law set up the infamous Nazi Eugenics courts which ordered the sterilization of approximately 375,000 people (mostly "mental patients") by the start of World War II in 1939.(5) The Nazi law was directly based on the Model Eugenical Sterilization Law published by H.H. Laughlin eleven years earlier in 1922. Laughlin was the Expert Eugenics Agent of the U.S. House of Representatives Committee on Immigration and Naturalization (i.e. the committee to keep out "social and medical inferiors" such as "mental patients", Jews, and radical labor unionists). The grounds for sterilization under the Nazi law were almost identical to those under Laughlin's Model Law. The Nazis included "congenital mental deficiency", "schizophrenia", "manic-depressive insanity", "inherited epilepsy" and several other categories.(6)

Very few people have written about the mass murder of the "insane" and the "feeble-minded"--both children and adults--who were inmates in Nazi Germany's psychiatric institutions. One who has is Dr. Peter Breggin, a Washington D.C. activist in the fight against forced drugging, psychosurgery and electroshock. Breggin, himself a psychiatrist, wrote an article on this human extermination--"The Killing of Mental Patients"--which appeared in the Madness Network News Reader. He stated that "...German psychiatrists...were the architects and technicians of the Final Solution for the Jews."(7)

Since the war very few psychiatrists in the U.S. raised their voices to criticize this genocide against psychiatric inmates/"mental patients". The major medical and psychiatric journals have refused to cover the research that has brought to light this hidden history of Nazi Germany. With rare exceptions this horrible crime has been ignored in psychiatric textbooks and histories as well.

Psychiatrists in the United States have been silent because of their own similar racist and genocidal theories and practice. U.S. and German psychiatrists had always

admired each other, patted each other's backs at international "mental health" conferences, etc. I have been warned against and criticized for comparing concentration camps in Nazi Germany with today's psychiatric institutions ("hospitals") in the United States. As I will discuss in greater detail in the next chapter, psychiatrists and other doctors actually chose which concentration camp inmates were to be killed supposedly based on medical and psychiatric diagnoses. "It's different," I am told. "Millions of people were tortured and killed for being Jewish or Russian." Being both a Jew and a former "mental patient", I have carefully considered these and other arguments--especially the one that considers any comparison with the Holocaust to be illegitimate, sensational, an insult to the memory of the slaughtered millions or an appeal to "residual hatred of the Nazis". I am not saying that the two situations are identical. There are differences. I do believe, however, that psychiatry is a common denominator, an ideological and practical basis and a catalyst in both circumstances. That is to say, there are many important similarities as well. To acknowledge the similarities is to admit to the ongoing strain of fascism and its clear potential for greater future terror in our own society--an admission many are reluctant to make.

Were not 50,000 or more U.S. citizens lobotomized during the three decades following the introduction of this brain-mutiliating operation in 1935? Many hundreds died directly from this procedure, and for the rest it was a mass-killing of human minds. Many psychiatric methods of torture and debilitation now have more sophisticated and euphemistic names such as psychosurgery,* which is still used on hundreds, if not thousands, of "mental patients" and other prisoners every year. Dr. Orlando J. Andy of the University of Mississippi Medical Center specializes in this type of mind-murder of so-called "hyperkinetic-aggressive" children, some only six years old.(8)

Sterilization has been used extensively in this country as in Nazi Germany. Beginning with Indiana in 1907, thirty states adopted compulsory sterilization laws. Their racist application included large numbers of Blacks (many labeled "mentally retarded"), other "mental patients" and

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* Psychosurgery is the surgical destruction (by scalpel, laser, ultrasound, etc.) of healthy brain tissue to alter behavior.

poor people with disproportionate numbers of Chicanos (usually Chicanas), Native Americans and Puerto Ricans. The vast majority of recent sterilizations have been done to women.

Millions of people in this country have had brain and major organ damage from powerful psychiatric drugs such as Thorazine and Prolixin. The poisonous effects of these drugs have killed many directly, while others have been driven to suicide because of them. As an example of their lethal effects, I refer the reader to the New York Daily News of July 16, 1981 which reported that 11 "mental patients" died during a summer heat wave in New York City.(9) Some had been in psychiatric institutions, others were "outpatients". All were being drugged with Thorazine and other dangerous "tranquilizers", which reduce the body's ability to sweat and rid itself of accumulated heat. The victims died from hyperpyrexia (i.e. heat stroke) produced by the combination of psychiatric drugs and hot weather.

Torture by electroshock (ECT), which incidentally, but not coincidentally, was introduced in a fascist country, Italy in 1938, by Ugo Cerletti, has been used to terrify and to burn out the brain cells of millions of American victims of psychiatry. Many also died from ECT and other forms of shock "treatment" such as insulin coma "therapy" (ICT) and Metrazol (a convulsion-inducing drug). According to one survey, between 1941 and 1977 there were at least 384 published reports of ECT-related deaths.(10) This, undoubtedly, is only the tip of the iceberg, because most deaths from psychiatric drugs and electroshock are not published, or even reported.

Parallels can easily be drawn between the labeling and invalidating of people in the two countries and overlapping periods. The terms used included "schizophrenic", "retarded", "mentally deficient", "useless life", "feeble-minded" and "socially inadequate", to name just a few.

In Nazi Germany, euphemisms such as "euthanasia" and "race hygiene" were used to legitimize the mass killings, sterilizations and experiments done on "mental patients", Jews and others. Today, U.S. psychiatry labels people's problems (i.e. poverty) and emotions (i.e. anger and frustration) as "mental illness" and then claims to be "helping" them by involuntary incarceration in "mental hospitals", forced drugging, electroshock "treatments", psychosurgery and "behavior modification". Behavior modification is no less than an attempt to totally control people by taking away their freedom and rights and calling them "privileges" to be earned back. This whole area of

psychiatric abuse is even referred to as "mental hygiene".

The complicity of the legal and court systems is apparent in both countries. The Nazi Eugenics Law and Eugenics Courts were discussed earlier in this article. Today, in the United States, "mental patients" can be declared incompetent and railroaded into institutions at pseudohearings where they have few, if any, rights (see Appendix 4, "The Haverford Railroad: A Typical Commitment Hearing"). They can even be forced to take drugs or go to a "therapist" as a condition of discharge or of probation.

In the United States large drug companies such as Smithkline, manufacturers of Thorazine, reap enormous profits from the drugging of "mental patients". In Germany, I.G. Farben, the world's largest chemical company, manufactured the cyanide gas (Zyklon B) used in the gas chambers. During the Second World War, I.G. Farben used thousands of concentration camp inmates for slave labor in production.

It is also important to point out that research and experimentation in our own country with psychosurgery, drugs, behavior modification, and the like have been financed and controlled by both the major drug companies and government agencies, such as the National Institute of Mental Health (NIMH), the federal Law Enforcement Assistance Administration (LEAA), the Central Intelligence Agency (CIA) and other state, local and federal government agencies.

In addition to examining the mutual influences of Nazi and U.S. psychiatrists and the similarities between their methods, it is also necessary to turn to the psychiatrists themselves. What happened to the Nazi psychiatrists who murdered and tortured "mental patients" during and prior to World War II? Very few were prosecuted at Nuremberg or elsewhere. Some fled and resumed "practicing" psychiatry under assumed names. Many continued using their own names. Dr. Werner Heyde, professor of psychiatry at the University of Würzburg, was one of the chief administrators of the murder of "mental patients". He also helped Martin Bormann, a member of Hitler's inner circle, escape from Germany and justice at the end of the war. After the war Heyde continued practicing psychiatry under an assumed name until 1959, when it became a national scandal. He had become well-known again, yet none of the many people who knew his true identity turned him in to face the charges outstanding against him--charges of "crimes against humanity", including mass murder.(11)

Did psychiatrists who had practiced or studied in Nazi

Germany come to the United States and remain in this so-called "field of medicine" under real or assumed names? I think it's reasonable to assume that some did. That's quite an assumption, you might say. Perhaps not. It is well known that Nazi rocket scientist Werner von Braun was warmly welcomed, along with his Nazi aerospace team, into this country and that they helped build the U.S. space program. Less widely known is the fact that Reinhard Gehlen, Hitler's Chief of Intelligence in the East (he spied on Russia) was brought to the U.S. by our military. In 1947 Gehlen was a key figure in setting up the CIA. Numerous other examples of Nazi emigration to the United States are given in Chapter 3. In light of these facts and of the previously described similarities in Nazi and U.S. psychiatric methods, cannot one, in fact, shouldn't one assume (and look into the probability) that a Nazi psychiatrist would feel comfortable with new colleagues in this country, and they with him, and that some of them would emigrate here?

Franz J. Kallmann was a well-known psychiatrist, a professor at Columbia University, who did a lot of research on twins in connection with the "genetics of schizophrenia". Kallman was born and educated in Germany. Before coming to the United States in 1936, he worked for two years in Berlin and Munich under the Nazi regime. Kallmann was a researcher at the New York State Psychiatric Institute from 1936 until 1965 and was chief of psychiatric research there beginning in 1952.(12) Interestingly, John Marks, formerly of the U.S. State Department, wrote that government intelligence agencies did LSD and mescaline experiments at New York State Psychiatric during the 1950's.(13) At least one experimental subject was killed in a CIA-sponsored program at this institute. Harold Bauer, a former army colonel, died on June 8, 1953, less than two and one-half hours after being injected with a mescaline derivative over his protests.(14) Later in this book I will look at and, in some cases, even talk with other U.S. psychiatrists who worked and/or studied in Nazi Germany. Before doing that, I will describe for you the gruesome "Euthanasia" Program under which psychiatrists in The Third Reich killed nearly all their "patients".

2

PSYCHIATRY'S FINAL SOLUTION: *

THE KILLING OF "MENTAL PATIENTS"

IN NAZI GERMANY

In the fall of 1939 a group of psychology students were given a tour of the state psychiatric institution Eglfing-Haar in Nazi Germany. Dr. Pfannmueller, a psychiatrist and director of the institution, explained the "euthanasia" or "mercy killing" program that was being used on the inmates. In the children's ward twenty five children were being starved to death. They ranged in age from one to five years. Pfannmueller lifted up one emaciated child who was near death and told the students that food is withdrawn gradually, not all at once. "With this child," he said, "it will take another two or three days."(1) Ludwig Lehner, one of the students and later a prisoner of war, said in a sworn statement at the Nuremberg War Crimes Trails, "I shall never forget the look of that fat, grinning fellow with the whimpering little skeleton in his fleshy hand, surrounded by the other starving children."(2)

This was not an isolated occurrence. The killing of "mental patients" by their psychiatrists was put into practice systematically throughout Nazi Germany and much of the rest of the Third Reich. At least as early as July, 1939,

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* This chapter originally appeared as an article in the Fall 1982 issued of Inmates Voice: The News Journal of the Alliance for the Liberation of Mental Patients.

> professors, psychiatrists and other experts were...formally briefed at the Chancellery [comparable to the White House] in Berlin. They were told by SS Oberführer* Viktor Brack, that all the insane persons in Germany were to be liquidated under plans which would be carried out by 'euthanasia'. The audience was invited to participate in the program. They all agreed to do so, with the exception of Professor Ewald of Gottingen...(3)

The extermination of "mentally ill", "mentally deficient", and physically deformed children was implementec under the direction of the Reich Committee for Scientific Research of Hereditary and Severe Constitutional Diseases, a "committee" which Hitler set up in the spring of 1939.(4) According to Fredric Wertham, a U.S. psychiatrist who wrote of the Nazi murder of "mental patients" in his book A Sign for Cain: An Exploration of Human Violence,

> The children slated for death were sent to special 'children's divisions', first Goerden, then Eichberg, Idstein, Steinhof (near Vienna), and Eglfing. They were killed mostly by increasing doses of Luminal or other drugs either spoonfed as medicine or mixed with their food. Their dying lasted for days, sometimes weeks. In actual practice, the indications for killing actually became wider and wider. Included were children who had 'badly modeled ears', who were bed wetters, or who were perfectly healthy but designated as 'difficult to educate'. The children coming under the Reich Commission were originally mostly infants. The age was then increased from three years to seventeen years...(5)

The "Euthanasia" Program for adult psychiatric inmates was a joint effort of the Reich Chancellery and the Ministry of the Interior which managed all the country's "insane asylums". The head administrators of this project, which was responsible for the deaths of at least 300,000 people from 1939 to 1945, were Hitler's personal physician Karl Brandt, who was also Reich Commissioner for Health and

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* Oberführer is a Chief Colonel. The SS or Schutzstaffeln was a ruthless, elite Nazi organization that served military and police functions, e.g., the concentration camps were run by the SS.

Sanitation, and SS Obergruppenführer [Lieutenant General] Philipp Bouhler, Chief of the private office of the "fuehrer". The program was called T-4 since it operated out of Bouhler's office at Tiergartenstrasse 4.

Viktor Brack, deputy to Bouhler, testified at the Nuremberg Doctors' Trial (which lasted from December 8, 1946 to August 19, 1947) that the "Euthanasia" Program was begun in the summer of 1939 in order to "accord a mercy death to incurably insane persons."(6) He went on to say that Dr. Herbert Linden, commissioner of all the psychiatric institutions in Germany became the representative of the Ministry of the Interior for this plan.

Brandt and Bouhler appointed several well known psychiatrists to act as "experts or "consultants" in selecting the "mental patients" to be killed. Dr. Werner Heyde, mentioned earlier, became the "chief expert". Another top "expert" was Dr. Carl Schneider, professor of psychiatry for 12 years at the University of Heidelberg, and author of several psychiatric textbooks. Schneider regularly participated in conferences concerning the "Euthanasia" Program and instructed younger psychiatrists in the methods of this project. Psychiatrist Paul Nitsche, editor of the German Journal for Mental Hygiene and, at various times, director of several state "hospitals" was another of the most active "consultants".(7) There were at least 20 of these "experts" or "assessors" in all.

Three front organizations were set up to implement this semi-secret project, T-4. They were: 1. The General Foundation for Affairs of Insane Asylums employed the staff of the six major killing institutions at Bernburg, Brandenburg, Grafeneck, Hadamar, Hartheim and Sonnenstein. 2. The Reich Operative Team of Asylums and Nursing Homes distributed "questionnaires" (special forms) to institutions instructing them to fill one out for each inmate "recommended" for "euthanasia". These forms were then sent to the "experts" for "evaluation". 3. The Public-Benefit Patient Transportation Society transported "patients" from scores of institutions throughout Germany to the killing centers.(8)

According to Brack's testimony at Nuremberg, "By order of Dr. Linden, the directors of all insane asylums in the Reich had to complete questionnaires for each patient in their institutions."(9) The inmates "approved for euthanasia" by the "experts" would be transferred to intermediate "observation institutions" and then to killing stations where they were gassed and cremated in ovens. The psychiatrists and doctors on duty either did the gassing themselves or ordered it done.

One gas used was carbon monoxide from the exhaust of a diesel combustion engine. It was piped into a small room usually disguised as a shower where large numbers of "mental patients" were crowded. Another gas was cyanide (I.G. Farben's Zyklon B). Later other inmates were given lethal drugs, both tablets and injections. Nurse P. Kneissler, who worked at two of the killing centers, stated at Nuremberg,

> After Grafeneck...I went to Hadamar...At Hadamar the same work went on, except that patients were no longer gassed but poisoned with veronal, luminal and morphine combined with scopolamine. About 75 patients were killed daily.(10)

As was described in Chapter 1, these were the first uses of gas chambers for the mass extermination of human beings.(11)

Authorization for the "Euthanasia Program" came in the form of a carefully worded letter signed by Adolf Hitler that read as follows:

> Berlin 1 September 1939
> Reichsleiter* Bouhler and Dr. Brandt, M.D. are charged with the responsibility of enlarging the authority of certain physicians to be designated by name in such a manner that persons who, according to human judgment, are incurable can, upon a most careful diagnosis of their condition of sickness, be accorded a mercy death.(12)

The murdered children and adults were regarded as "useless lives devoid of value". They came from "mental hospitals", "homes for the feeble-minded", orphanages, clinics, maternity hospitals, private physicians' and psychiatrists' offices and other institutions. Following is a copy of a "questionnaire" submitted as evidence at the Nuremberg Doctors' Trial.

Registration Form 1 To be typewritten

Current No. _____

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* Reichsleiter was a Reich leader, a high ranking national official in the Nazi Party. The Party was called the National Socialist German Workers' Party--Nationalsozialistische Deutsche Arbeiterpartei (NSDAP).

Name of the Institution: _____
At: _____
Surname and Christian name of the patient: _____
_____
At birth: _____
Date of birth: _____ Place_____
District _____
Last place of residence: _____
District _____
Unmarried, married, widow, widower, divorced: _____
Religion: _____ Race*_____
Previous profession: _____
Nationality: _____
Army service when? 1914-18 or from 1-9-39_____
War injury (even if no connection with mental disorder) Yes/No __
How does war injury show itself and of what does it consist: ____
_____
Address of next of kin: _____
Regular visits and by whom (address): _____
Guardian or nurse (name, address): _____
_____
Responsible for payment: _____
Since when in Institution: _____
Whence and when handed over: _____
Since when ill: _____
If has been in other institutions, where and how long: _____
_____
Twin? Yes/No ___ Blood relations of unsound mind: _____
_____
Diagnosis: _____
Clinical description (previous history, course, condition; in any case ample data regarding mental condition): _____
_____
Very restless: Yes/No ___ Bedridden? Yes/ No _____
Incurable physical illness: Yes/No (which) _____
Schizophrenia: Fresh attack _____ Final condition _____
_____
Good Recovery: _____
Mental debility: Weak ___ Imbecile ___ Idiot_____
Epilepsy: Psychological alteration _____
Average frequency of attacks _____
Therapeutics (insulin, cardiazol, malaria, permanent result: ____
_____
_____Salvarsan, etc., when?)_____
Yes/No _____
Admitted by reason of par. 51, par. 42b German Penal Code, etc. through: _____

Crime: _____ Former punishable offenses: _____
Manner of employment (detailed description of work): _____

_____

Permanent/Temporary employment, independent Worker? Yes/No _____
Value of work (if possible compared with average performance of healthy person): _____

This space to be left blank.

_____Place, Date _____

_____

Signature of the head doctor or his representative (doctors who are not psychiatrists or neurologists, please state same)

_____

* German or of similar blood (of German blood), Jew, Jewish mixed breed Grades I or II, Negro (mixed breed). (13)

At the Nuremberg trial much evidence was presented concerning the administrative details and procedures of the "Euthanasia" Program. There was testimony of eyewitnesses and of the defendants as well as actual official documents, letters, and sworn affidavits. The indictment itself included these charges:

> Between September 1939 and April 1945 the defendants Karl Brandt, Blome, Brack and Hoven unlawfully, willfully, and knowingly committed war crimes...in that they were principals in, accessories to, ordered...and were connected with plans and enterprises involving the execution of the so-called "euthanasia' program of the German Reich in the course of which the defendants herein murdered hundreds of thousands of human beings, including nationals of German-occupied countries. This program involved the systematic and secret execution of the aged, insane, incurably ill, of deformed children, and other persons, by gas, lethal injections and diverse other means in nursing homes, hospitals and asylums. Such persons were regarded as 'useless eaters' and a burden to the German War machine. The relatives of these victims were informed that they died from natural causes, such as heart failure. German doctors involved in the 'euthanasia' program were also sent to Eastern occupied countries to assist in

the mass extermination of Jews.(14)

Of the four defendants, Brandt and Brack have already been mentioned. Kurt Blome held the titles of Deputy Reich Health Leader and Plenipotentiary for Cancer Research in the Reich Research Council. Waldemar Hoven was a Hauptsturmfuehrer [Captain] in the Waffen SS* and Chief Doctor of the Buchenwald concentration camp.(15)

William Shirer, an American news correspondent and later author of the classic narrative description of Nazi Germany and the National Socialist (Nazi) Party, The Rise and Fall of the Third Reich, wrote in his Berlin Diary entry of November 25, 1940:

> I have at last got to the bottom of these 'mercy killings'. It's an evil tale...relatives get back ashes and are told not to demand explanations...A few days ago I saw the form letter which the families of the victims receive. It reads:
>
> 'We regret to inform you that your _____, who was recently transferred to our institution by ministerial order, unexpectedly died on _____ of _____. All our medical efforts were unfortunately without avail.'
>
> 'In view of the nature of his serious, incurable ailment, his death, which saved him from a lifelong institutional sojourn, is to be regarded merely as a release.'
>
> 'Because of the danger of contagion existing here, we were forced by order of the police to have the deceased cremated at once.'(16)

Psychiatrists usually signed these false death certificates.

Examples of documents presented at Nuremberg include the following letter from Dr. Leonardo Conti, Secretary of State for Health in the Ministry of the Interior, to the director of the "mental hospital" in Kaufbeuren on November 16, 1939:

> To the Head of the Hospital for Mental Cases Kaufbeuren or his deputy in Kaufbeuren.
>
> With regard to the necessity for a systemized economic plan for hospitals and nursing institutions, I request you to complete the attached registration forms immediately in accordance

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* One of the two branches of the SS.

with the attached instruction leaflet and to return them to me. If you yourself are not a doctor, the registration forms for the individual patients are to be completed by the supervising doctor. The completion of the questionnaires is, if possible, to be done on a typewriter. In the column "Diagnosis" I request a statement as exact as possible, as well as a short description of the condition, if feasible.

In order to expedite the work, the registration forms for the individual patients can be dispatched here in several parts. The last consignment, however, must arrive in any case at this Ministry at the latest by 1 January 1940. I reserve for myself the right, should occasion arise, to institute further official inquiries on the spot through my representative.

per proxi: Dr. Conti (17)

Enclosed with this letter was the "questionnaire" presented earlier, as well as an instructional leaflet such as the following, which indicates the vast extent of this project:

Instruction Leaflet.

To be noted in completing questionnaire.

All patients are to be reported who --

1. Suffer from the following diseases and can only be employed on work of a mechanical character, such as sweeping, etc., at the Institution:

Schizophrenia,
Epilepsy (if not organic, state war service injury or other cause),
Senile maladies,
Paralysis and other syphilitic disabilities refractory to therapy,
Imbecility however caused,
Encephalitis,
Huntington's chorea and other chronic diseases of the nervous system; or

2. Have been continuously confined in Institutions for at least five years;

3. Are in custody as criminally insane or,

4. Are not German citizens or not of

German or related stock according to their records of race and nationality.

The separate questionnaires to be completed for each patient must be given consecutive numbers.

Answers should be typewritten if possible.

Latest date for return.....

Instructions

Diagnosis should be as precise as possible. In the case of traumatically induced conditions the nature of the trauma in question, e.g. war wounds or accidents at work, must be indicated.

Under the heading 'exact description of employment' the work actually done by the patient in the Institution is to be stated. If a patient's work is described as 'good' or 'very good' reasons must be given why his release has not been considered. If patients on the higher categories of diet, etc., do no work, though they are physically capable of employment, the fact must be specially noted.

The names of patients brought to the Institution from evacuation areas are to be followed by the letter (V).

If the number of Forms 1 sent herewith does not suffice, the additional number required should be demanded.

Forms are also to be completed for patients arriving at the Institution after the latest date for return, in which case all such forms are to be sent in together exactly one month after the date in question, in every year.(18)

On May 12, 1941 the General Sick Transport Company informed the director of this same institution in Kaufbeuren that 140 inmates were soon to be transferred from there to "another institution" in this typical letter:

General Sick Transport Company, G.m.b.H.
Dept. II/d, H/K

Berlin, W.9, 12 May 1941
Potsdamer Platz 1.

To the Director of the Hospital

of the District Association of Swabia, Kaufbeuren/Bavaria.

Dear Director,

By order of the Reich Defense Commissioner, I must remove mental cases from your institution and from the branch at Irrsee to another institution. A total of 140 persons are to be transported, 70 on 4 June and 70 on 5 June. I forward you herewith Transport Lists Nos. 8, 9, 10, and 11 in triplicate. The additional names on the lists are intended for possible deficits (discharged meanwhile, died, etc.).

The marking of the patients is most suitably done by means of a strip of adhesive tape, on which the name is written in indelible pencil, to be pasted between the shoulder blades. At the same time the name is to be put on an article of clothing.

The hospital reports and personal histories are to be prepared for the transportation and to be handed to our director of transport, Herr Kuepper; in the same way, the personal possessions of the patients, as well as money and articles of value.

I enclose property information cards and information cards as to the defrayer of the expenses, which must be completed accurately and handed in at the time of transportation. Money and articles of value, besides being noted on the property information cards, must also be noted on separate special lists (in duplicate). Transportation takes place:

On 4 June, 8:46 a.m. from Kaufbeuren--70 patients

On 5 June, 8:46 a.m. from Kaufbeuren--70 patients

Our director of transport, Herr Keupper, will visit you the previous day in order to discuss further details with you.

I further request you to provide the patients with food (2-3 slices of bread and butter each and some cans of coffee).

Heil Hitler!

General Sick Transport Company,
G.m.b.H.(19)

Another Nuremberg document was the report from the Provincial Association for Social Welfare in Swabia confirm-

ing the death of transferred female "patients":

PROVINCIAL ASSOCIATION FOR SOCIAL WELFARE
SWABIA
Address: Augsburg 1, P.O. Box Regierungs-praesident.,,
Director Dr. Falthauser, of the Hospital, Kaufbeuren.
Your reference: 2080. Your letter of 13 November 1940
Our reference: (must always be referred to).
II-B-7-2
Augsburg,
6 May 1941
Concerning the transfer of patients.
I have the honor to inform you that the female patients transferred from your institution on 8 November 1940 to the institutions in Grafeneck, Bernburg, Sonnenstein, and Hartheim all died in November of last year.(20)

Dr. Ludwig Sprauer, in an affidavit at Nuremberg, stated that he joined the Nazi Party in 1933 and was the highest ranking medical officer of Baden from 1939 to 1944. He also confessed that "from 1941 through 1944, thousands of persons were transferred from Baden's asylums to places like Hadamar, Grafeneck, etc., and were killed there." He further related that the killings were not only of "mental patients" but included "also those who suffered from arteriosclerosis, tuberculosis, cancer, and other ailments...older people who were inmates of public institutions at the state's expense, and who in a respectable society would have been taken care of from public funds."(21)

In A Sign for Cain, mentioned earlier, Wertham reported that in 1941 psychiatric killing institution Hadamar had a special celebration for the cremation of the ten thousandth "mental patient": "Psychiatrists, nurses, attendants, and secretaries all participated. Everybody received a bottle of beer for the occasion."(22)

Wertham also related that Professor Julius Hallervorden, a well known neuropathologist, after whom a special brain disease is named (Hallervorden-Spatz disease) asked the central office of the program to send him the brains of "euthanasia" victims for his microscopic studies.

He was sent 600 brains of both adults and children from the killing institutions.(23)

In summer of 1941, approximately two years after the inception of T-4, the scope of the "mercy killings" was expanded even further. "Mercy" was accorded to various groups of inmates held in the many concentration camps in both Germany and occupied countries through the new project called "14 f 13". The now experienced psychiatrist-"experts" went to the camps to look for candidates for "euthanasia". Their victims still included the "mentally ill" and the "feeble-minded", as well as people who were no longer able to work, gays, communists and the Nazi's favorite scapegoat, the Jews. The camp doctor at Dachau concentration camp, Dr. Muthig, stated in his Nuremberg affidavit that Dr. Heyde, the chief "expert", came to Dachau in the fall of 1941 as the leader of a commission of four psychiatrists who selected inmates for extermination by gas,(24)

> We four doctors sat at four tables placed between two huts, and several hundred prisoners had to file in front of us. The prisoners were divided according to their fitness for work and their political record. Since this commission stayed at Dachau only a few days, it was impossible for it to examine so many prisoners in so short a time. The examinations consisted solely of a rapid study of the documents in the prisoner's presence.(25)

Muthig revealed the fate of those selected:

> Some weeks after the committee had left the camp at Dachau the first transport of several hundred prisoners who had been registered by the psychiatrists was dispatched in December, 1941, to Mauthausen concentration camp for gassing. A second convoy of several hundred prisoners, also registered by the committee, was sent in January, 1942 to the same camp...(26)

The inmates chosen under 14 f 13 were often sent to the killing centers established for T-4. Waldemar Hoven, chief doctor of Buchenwald, stated that in 1941

> the camp commandant Koch called all the important SS officials of the camp together and informed them that he had received a secret order from Himmler to the effect that all mentally and physically deficient inmates of the camp should be killed...authorities from Berlin

had ordered that all the Jewish inmates of the Buchenwald concentration camp be included in this extermination program...300 to 400 Jewish prisoners of different nationalities were sent to the euthanasia station at Bernberg for extermination.(27)

Dr. Fritz Mennecke, an "expert" who selected inmates at Buchenwald, matter-of-factly described the routine in a letter to his wife:

> Weimer, 25 November 1941
>
> At 7 o'clock tomorrow morning we will be awakened. At about 8 o'clock we will have our coffee...
>
> The first working day at Buchenwald is over. At 8:30 this morning we were out there...the 'examination' [Menneke's quotation marks] of the patients was carried out, i.e., a presentation of the individuals and a comparison with the entries taken from the files...At 12 o'clock we stopped for lunch...
>
> Afterwards we continued our examination until about 4 o'clock. I myself examined 105 patients...As a second group a total of 1,200 Jews followed, all of whom do not need to be 'examined', but where it is sufficient to take the reason for their arrest from the files...and to transfer them to the reports...At 5 o'clock sharp, 'we threw away the trowel' and went for supper...
>
> Exactly as the day I described above the following days will pass...After the Jews, another 300 Aryans follow as a third group who will again have to be 'examined'. Therefore, we are busy here until the end of next week. Then on Saturday, 6 December, we shall go home.(28)

As World War II continued and the tide began to turn against Germany, the Nazi war machine's need for workers grew. This demand was especially strong in the armaments and related industries where slave labor was used to satisfy it. The following circular from the SS Economic and Administrative Office to concentration camp commandants in spring 1943 indicates that from then on only "insane" prisoners were to be killed under 14 f 13. (Jews, Gays, Russians, Poles, Slavs, Gypsies and others were still being killed in the Nazi death camps, only now

they were usually worked to death first.)

SS Economic and Administrative Main Office
Division Chief D Concentration Camps
D I/1/File No.: 14 f 13/L/S.--
Secret Journal No. 612/43
Oranienburg, 27 April 1943
Subject: Action 14 f 13 in Concentration Camps...

[Stamp]
Top Secret
th copy

To the Camp Commanders of the Concentration Camps

Dachau, Sachsenhausen, Buchenwald, Mauthausen, Flossenbuerg, Neuengamme, Auschwitz, Grossrosen, Natzweiler, Stutthof, Ravensbrueck, Riga, Nertogenbosch, Lublin, and Bergen-Belsen...

The Reich Leader SS and Chief of the German Police has decreed that in future only insane prisoners can be selected for the Action 14 f 13 by the medical commissions appointed for this purpose...

Bedridden prisoners are to be given suitable work which can be performed in bed.

The order of the Reich Leader SS must be strictly observed in the future.

Requests for gasoline for this purpose will therefore be discontinued.

Signed Gluecks
SS Brigadefuehrer and Generalmajor of the Waffen SS (29)

The equating of "sanity" or "mental health" with the ability or willingness to work--a concept by no means alien to present day psychiatry world-wide--was apparent in Himmler's directive of September 6, 1944 which ordered "euthanasia" extended to "insane" Eastern workers:

Reich Minister of the Interior [Himmler]
Berlin, 6 September 1944

g 9255/44
To:

a. The Reich Governor [Reichsstatthalter] (State Government)
b. The Oberpraesidenten (administration of the provincial association)

c. The County Presidents
d. The Police President in Berlin
e. The Lord Mayor [Oberbuergermeister] of the Reich Capitol Berlin

Re: Mentally insane Eastern workers and Poles--Circular decrees of the Reich Minister of the Interior of--A g 9255 /44-5100--.

1. Due to the considerable number of Eastern workers and Poles brought into the German Reich for employment, the assignment of mental cases among them to German asylums is constantly increasing. The purpose of such assignments must be in any case the speediest possible recovery to working ability. Thus every means of modern therapy must also be applied to those mentally insane people. But due to lack of space in German institutions there can be no justification for patients who are considered incurable and, therefore, unable to work again in a reasonable short time to remain permanently or for a long time in German institutions. In order to avoid this, the following is ordered:

2. In the following list I have established for each district in the Reich a collective list for incurable mentally insane Eastern workers and Poles. They should be assigned to those institutions immediately if possible. If this is impossible due to urgency or to transportation difficulties, the institution in question should deliver their Eastern or Polish patients to the collecting institution in their respective district within one month at the most. It is not necessary to carry out the removal if the patient is considered able to leave the institution within 6 weeks at the latest.

3. It is the task of the collecting institution to decide whether the restoration of working ability might be considered within a reasonable period of time...

5. After 4 weeks, at the latest, of the registration in the collecting institution a short report on the prognosis of the case and on the question of working ability has to be sent to the head of the Central Financial Clearing Office. It is the task of that office to direct the transportation of patients from the collect-

ing institutions to nearby special asylums in their home district...

7. The leaders of mental institutions in the districts, etc., are to be informed by their superior officials, and the leaders of welfare and private institutions by their competent higher administrative authorities. The required copies are enclosed herewith.

List of the collecting institutions

1. For East Prussia, Danzig, and West Prussia and Wartheland: Mental Institution Tiegenhof.
2. For Upper and Lower Silesia and the Sudetengau: Mental Institution Lueben.
3. For Pomerania, Mecklenburg, Kurmark, and Berlin: Mental Institution Landsberg-Warthe.
4. For Schleswig-Holstein and Hamburg: Mental Institution Schleswig.
5. For Bremen, Weser-Ems, Hanover-East, Hanover-South, and Burnswick: Mental Institution Lueneburg.
6. For the Rhine province, Westphalia, and Lippe: Mental Institution Bonn.
7. For Baden, Westmark, Wuerttemberg, and Hohenzollern: Mental Institution Schussenried.
8. For Bavaria: Mental Institution Kaufbeuren.
9. For Kurhesse, Nassau, and Land Hesse: Mental Institution Hadamar.
10. For Thuringia-Land and Province Saxony, Anhalt: Mental Institution Pfaffenrode.
11. For the Alps [Alpen] and Danube districts: Mental Institution Mauer-Oehling.

By Order:

Wiesbaden, 11 September 1944
Landeshaus

11a One copy to the County Mental Institution, Eichberg. With the request to acknowledge and to take further steps.

By Order:

Landesrat (30)

The development and expansion of the killing process is illustrated by one of the better-known killing centers--Hartheim in Austria. (Germany had annexed Austria, birthplace of Adolf Hitler, in March 1938. The German Nazis had the full cooperation of tens of thousands

of Austrian Nazis in this take-over. Dr. Rudolf Lohnauer was the chief physician at Hartheim; Dr. Georg Renno was his deputy. Police Captain Wirth was commander of Castle Hartheim, as it was called. The well-known Nazi-hunter Simon Wiesenthal spoke with Bruno Bruckner, who had been a photographer at Hartheim. Bruckner described his experience in this way:

> Patients were now being killed by gas. I had to make close-ups of them during their death struggle. Later I had to photograph their brains too. Wirth called them 'scientific material' and sent them to Berlin...Next to the experimental room there was the crematorium. I didn't ask any questions. It was a good job. I was paid 300 marks a month...the food was good. And there was always plenty of liquor. And at night there were lots of parties. Everybody was sleeping with everybody else.(31)

Wiesenthal described the "euthanasia" centers as "regular schools for mass murders" that turned out "special cadres of technically skilled and emotionally hardened executioners." He wrote:

> Hartheim was organized like a medical school--except that the 'students' were not taught to save human life but to destroy it as efficiently as possible. The deaths of the victims were clinically studied, precisely photographed, scientifically perfected. (At later trials in Germany it was proven that at the death camps of Belzec, Sobibor and Treblinka special photographers also made pictures of people being killed). Various mixtures of gases were tried out to find the most effective one. Doctors with stopwatches would observe the dying patients through the peephole in the cellar door at Castle Hartheim, and the length of the death struggle was clocked to one tenth of a second. Victims' brains were photographed to see exactly when death had occurred.(32)

According to Wiesenthal's estimation, 30,000 people were killed at Hartheim over a period of three years. He also concluded that if a Hartheim "student" did not "break when he had to kill his own people, he would have no moral scruple about exterminating thousands of Untermenschen." [subhumans] (33)

It is revealing to follow the "careers" of some Hartheim

faculty and graduates. In the spring of 1942 Brack ordered Captain Wirth along with psychiatrists and other "euthanasia" technicians to report to SS Brigadier General Globocnik, who was in charge of the Polish extermination camps for the Jews. Wirth and his "colleagues" helped the SS set up the killing facilities in these camps.(34) Wirth was later placed in overall charge of Belzec, Sobibor and Treblinka camps where many of the 3.5 million Polish Jews killed by the Nazis met their death. Franz Stangl, Wirth's successor in Hartheim, became commandant of Treblinka. Gustav Wagner, another Hartheim "alumnus", later commanded Sobibor.(35)

The technology for mass extermination was developed at Hartheim and the other killing institutions by psychiatrists using "mental patients" as their victims. When Hitler decided to begin killing the Jews in the death camps, he called upon the psychiatrists and others who were already experienced in these matters. They came with their technical knowledge and helped set up and administer the gas chambers, crematoriums and other tools of death.

In the relatively few books and other sources of information that exist concerning the role of German psychiatry during the Nazi period, there are conflicting reports as to how many "mental patients" and other "undesirables" were killed in the various "euthanasia" programs. Wertham's figure for psychiatric "patients" killed was 275,000--at the least. He pointed out that there were 300,000 to 320,000 "mental patients" in psychiatric "hospitals", institutions and clinics in 1939 and only 40,000 in 1946. He further determined:

> In 1938 the psychiatric institutions of the province of Brandenberg had 16,295 mental patients of the city of Berlin. In 1945 only 2,379 were left. Almost 14,000 were destroyed. In the institution Berlin-Buch, of 2,500 patients, 500 survived; in the hospital of Kaufbeuren in Bavaria, of 2,000 patients, 200 were left. Many institutions, even big ones, i.e., in Berlin, in Silesia, in Baden, in Saxony, in Austria were closed entirely because all the patients had been liquidated.(36)

German sources tend to underestimate the figure for those killed. Karl Brandt testified at Nuremberg that only 60,000 people had been given a "mercy death". Brandt also said there were a total of 3,000,000 "insane and weakminded persons" in Germany.(37)

Breggin figured that almost 300,000 "asylum inmates"

were killed and referred to the Czech War Crimes Commission estimate of 270,000 and a similar number from the Nuremberg trials.(38)

If one were to include all the people killed as "mental patients" by German psychiatrists--those within Germany and Austria as well as those people from the many other countries of Europe transferred to killing institutions under 14 f 13 or killed in the concentration camps and death camps, the figure could be estimated to be even more than 300,000--even in the millions. It appears that at the time the only ones counting were the killers and certainly they're not telling.

It is important to emphasize that it was not just a few aberrant psychiatrists who participated in this mass murder of psychiatric inmates. The "Euthanasia" Program had the full cooperation of leading German psychiatrists, many of whom were of national renown. Heads of clinics, chairmen of the psychiatric departments at the leading medical schools and universities as well as directors of the many psychiatric institutions all played significant roles.

Some of the more active and higher-ranking psychiatrists and other doctors in the "Euthanasia" Program besides the ones already mentioned were the following:

Dr. Max de Crinis was a professor and chairman of the department of psychiatry at Berlin University and director of the psychiatry department at Charité. He supervised the killings at Sonnenstein, a psychiatric institution and killing center.(39)

Dr. Horst Schumann, an expert in the "Euthanasia" Program, headed the killing institution Grafeneck. He also assisted Globocnik in the extermination of the Jews and performed medical experiments on Jewish prisoners in Auschwitz, including sterilization and castration by X-ray.(40) Gustava Winkowska, A Polish woman prisoner at Ravensbrück concentration camp was probably referring to Schumann when she said in a sworn statement:

> A doctor came from Auschwitz for several days, possibly a week, and all day long, while he was in camp, he was busy sterilizing gypsy children by X-ray, without using any anesthetics. After sterilization the children used to come out crying, asking their mothers what had been done to them...(41)

> Werner Villinger is described by Wertham as one of the most distinguished (and most unexpected)* members of the team of experts, which was the heart of the whole killing operation...who at the time was professor of psychiatry at the University of Breslau. Prior to that he was head of the department of child psychiatry at Tuebingen and then psychiatric director at Bethel, a world famous institution for epileptics and mentally and physically disabled persons founded in 1867. From 1945 to 1956 he was professor of psychiatry at the University of Marburg...In 1950 he was invited to participate in the White House Conference on Children and Youth and did so.(42)

Dr. Werner Catel was an "expert" of the special agency for child "euthanasia" and after the war, believe it or not, was professor of pediatrics and head of the pediatric clinic at the University of Kiel until the 1960's.(43)

Ernst Rüdin was a world renowned professor of psychiatry at the University of Basel and the University of Munich. He was the chief architect of the Nazi compulsory sterilization law of 1933 (which will be discussed more later) and wartime director of the Kaiser Wilhelm Institute.(44)

Dr. Valentin Falthauser was director of the state "hospital" at Kaufbeuren and an "expert" in the "Euthanasia" Program.

Dr. Adolf Wahlman was a psychiatrist at the state "hospital" Hadamar where he ordered lethal injections for thousands of "mental patients", Poles and Russians. He was educated at the universities of Giessen, Marburg, Erlangen and Kiel.

Dr. Berthold Kihn was professor of psychiatry at the famous University of Jena where, according to Wertham, Heleg and Schiller taught, Karl Marx got his doctor's degree and the composer Schumann an honorary doctorate. Kihn filled out "questionnaires" and personally supervised the selection of "patients" in various institutions.(45)

Dr. Pfannenstiel was Professor of Hygiene at the University of Marburg and an SS Sturmbannfuehrer [ma-

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* I would strongly disagree with psychiatrist Wertham on this point. I would most expect the most "distinguished" psychiatrists to be the leaders of the "Euthanasia" Program as I am attempting to demonstrate.

jor], active in exterminating Jews and other "undesirables".(46)

Dr. Friedrich Maurz was professor of psychiatry at Koenigsberg from 1939 to 1945 and held the same position at Münster beginning in 1953. In 1948 he was an official delegate to an international "mental hygiene" meeting in London where the World Federation for Mental Health was founded.(47)

Dr. Wentzler and Dr. Heinze, Berlin pediatricians, were two of the three chief "experts" of the child "euthanasia" Reich Committee.(48)

Dr. Schmalenback was the head of the Sonnenstein killing center. He also went to Buchenwald with Fritz Mennecke to select inmates for "mercy killing".(49)

Dr. Friedrich Tillman was the director of an orphanage in Cologne from 1933 to 1945 and was called the "bookkeeper of death".

Dr. Gelny was the brutal director of the Austrian institution Mauer-Öhling. He killed a large number of "mental patients" with electroshock, including one for demonstration purposes at a 1944 psychiatric congress.(50)

Dr. Josef Vonbun was the Austrian director of the institution "Valduna" (Vorarberg).(51)

Dr. Walter E. Schmidt was the senior attending physician at the Eichberg institution from which inmates earmarked for death were transferred.

Dr. Mauczka was director of the Austrian killing institution Steinhof.(52)

Dr. Gerhardt Wagner was Conti's predecessor as Reich Minister for Health and, according to Karl Brandt's testimony at Nuremberg, discussed "euthanasia" questions at the Nazi Party rally in Nuremberg in 1935, four years prior to the project's implementation.(53)

Dr. Mueller was an "expert" who, with Mennecke, selected inmates at Buchenwald for death.(54)

Dr. Hennecke headed Brandenburg killing institution.(55)

Dr. W. Leinisch was chief physician at Guemzburg and received transferred "mental patients" for his research work.(56)

Dr. Schaltenbrand was a well-known German neurologist who in 1943 reported that three years earlier he had "successfully" transmitted monkey encephalitis to "mental patients".

Dr. Heinrich Gross, an Austrian psychiatrist, was accused of murdering hundreds of "mentally ill" children. Today he is one of Austria's leading forensic psychiatrists.(57)

Dr. Baumhardt gassed inmates at Grafeneck.

Dr. Hans Czermak transferred to killing centers inmates from the Austrian institution Hall in Tirol as well as handicapped children from homes and people from poor houses.(58)

Professor Rudolf Gaupp was the director of the Mental Clinic (Nevernklinik) in Tübinger.(59)

Dr. Gorgass was active in the "euthanasia" program and visited Buchenwald in 1941.(60)

Dr. Grawitz was an SS Reich physician active in the killing project.(61)

Three involved Austrian doctors were: Niedermoser at the institution Klagenfurt, Scharpf at the institution Mauer-Öhling, and Schicker, director of the institution Gugging.(62)

Dr. Clauberg was the professor who developed a method of mass sterilization using injections of an irritant fluid into the uterus.(63)

Dr. Fehringer was director of the District Office (Lower Danube) for Racial Policy, Gauhauptstellenleiter and sterilization administrator.(64)

Dr. Gundermann was Chief Medical Officer of the Wartheland District.(65)

Dr. Holfelder was SS Standartenführer and leader of the "X-ray Batallion" that X-rayed tubercular patients before they were killed.(66)

Dr. Pokorny, a defendant at the Nuremberg Doctors' Trial, wrote a letter to Himmler in October, 1941 calling for the sterilization of millions.(67)

Dr. Edwin W. Katzenellenbogen, a former member of the faculty of Harvard Medical School, became a doctor on the staff of Buchenwald. He was sentenced to life in prison at Nuremberg.(68)

In all, hundreds and even thousands of psychiatrists, psychologists, nurses and other workers in psychiatric institutions throughout the Reich took part. Wertham, himself a psychiatrist, said that "no mental patients were killed without psychiatrists being involved."(69)

3

PSYCHIATRIC OPPRESSION IN THE U.S.

AND NAZI IMMIGRATION

(KLAUS BARBIE WAS THE RULE NOT THE EXCEPTION)

From 1939 until 1945 psychiatrists in Nazi Germany and the occupied countries were busy exterminating at least 300,000 of their "mental patients." The fact that they killed over eighty-five percent of all psychiatric inmates in Germany reflects on the immensity of the operation. It also suggests that most German psychiatrists were involved in the slaughter, at least at the level of transferring their "patients" to known killing centers. Others, of course, killed inmates directly. I have documented in detail this so-called "Euthanasia" Program in the previous chapter.

Most of the psychiatrists involved went unpunished and continued working as usual. Many of them were professors at major German medical schools. More than a few psychiatrists who practiced in Nazi Germany and their medical students emigrated to the United States during and after the Nazi period (1933 to 1945 was the span of Hitler's Third Reich). Many of them became and still are members of the American Psychiatric Association (APA), the major organization of psychiatrists in this country.

In order to trace this migration I went through over 24,000 entries in the Biographical Directory of the Fellows and Members of the American Psychiatric Association (1977 edition)(1) and came across approximately 400 names of psychiatrists who had worked and/or studied in Germany and the Nazi-occupied countries during or very close to the Nazi period. Sixty-three of the names of those who have easily observable connections to Nazi Germany are listed in the Appendix to Chapter 5 along with the nature of that connection. Some of these psychiatrists claim to be

refugees from Hitler's regime. Some, no doubt, were. I will demonstrate that even these refugees brought with them fascist psychiatric views and practices. Many have noticeably large gaps of 5, 10, 15 or more years around the Nazi period in their biographical sketches. Some probably lied about their real names, various dates, ages and other information that might link them to the Nazi regime. And, of course, some psychiatrists did not join the APA or died prior to 1977 and consequently were not listed at all in this particular directory. Clearly many lifetimes could be spent uncovering the truth here.

Nevertheless, I think it is most significant, but not all that surprising that psychiatrists who were either Nazi killers themselves, whose colleagues were killers and collaborators and/or whose teachers participated in the mass murder of "mental patients" are now practicing psychiatry and teaching at medical schools in the United States. Why isn't it "all that surprising" to find psychiatrists from Nazi Germany in this country? There are two main reasons:

1. U.S. psychiatrists have always influenced and been influenced by German psychiatrists, and they both have used and still use similar techniques--mass sterilization, confinement in institutions, forced injections with dangerous drugs, electroshock and lobotomy. Many thousands of people have died as a result of their psychiatric "treatment" in our own country, a fact not known to much of the public and denied by the psychiatric establishment. Hundreds of thousands, or more accurately, millions of others have been disabled, many severely, by psychiatry.

2. Many Nazis, including high-level war criminals immigrated to the United States with the full knowledge, approval and assistance of our government and its various agencies, especially the State Department, the military and the intelligence agencies.

In Chapter 5 I present excerpts from my conversations with several of the psychiatrists who emigrated to the United States from Nazi countries. At this point, however, I would like to substantiate the above two reasons.

1. DEATH AND DAMAGE FROM PSYCHIATRY IN THE UNITED STATES

It is a somewhat difficult though surely not an impossible task to begin to document the large numbers of deaths and disabling injuries caused by psychiatry in this country. For the most part, psychiatrists themselves, other doctors and social scientists are not keeping track. They are not doing extensive studies or combining results obtained from their occasional studies that do indicate death and harm. However, if one wants to know--is not afraid of knowing--s/he can find much evidence of these psychiatric atrocities in the literature of the psychiatric inmates liberation movement*, in careful reading of psychiatric journals and in articles in newspapers and magazines.

There is widespread agreement that at least 50,000 people were lobotomized in the United States during the 1940's, 1950's and into the early 1960's. Some died from this mutilation of the brain. Leonard Roy Frank, a researcher, writer and former psychiatric inmate wrote that "the death rate for this operation has been estimated as between 2.3 and 6 percent. Using the lower figure, about 1150 Americans died as a direct result of this procedure."(2) Most survivors of lobotomy were severely disabled, turned into human vegetables who spent or are spending the rest of their lives on the back wards of psychiatric institutions.

Although psychosurgeons are still destroying 500 to 1000 brains per year in this country with scalpels, lasers, sound waves, and electric wires, lobotomy has largely been replaced by powerful psychiatric drugs as the major means of controlling and breaking the spirit of "mental patients". These drugs include Thorazine, Haldol, Stelazine, Lithium, Prolixin, and Trilafon--to name but a few.

The Physicians' Desk Reference (PDR)(3) put out by the drug companies is a book that lists and describes the effects of thousands of drugs. Due to some pressure (although it's usually not very much) from the Food and Drug Administration (FDA), the PDR lists many of the

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* The psychiatric inmates liberation movement is a loose network of anti-psychiatry groups throughout the U.S., Canada and other countries of the world. Its members are present and former "mental patients" and our supporters. See Chapter 6 for more information on our movement.

harmful effects of psychiatric drugs. A large number of drugs have "sudden death" listed as a possible reaction. It's listed, of course, because these drugs have killed people. Other listed disabling effects include heart attacks, liver and kidney damage, tardive dyskinesia (a form of permanent brain damage), seizures, paralysis and--when these drugs are given to pregnant women--birth defects. There are literally hundreds of other "side effects" that are listed in the PDR. David Oaks, an activist in the psychiatric inmates liberation movement, when he is speaking against psychiatric oppression, often points out that these drugs "affect every organ in the body."

Dr. Frederick T. Zugibe, a New York pathologist wrote an excellent article based on autopsies he had done while he was medical examiner in Rockland County. The bodies were of inmates who had died at the Rockland Psychiatric Center in Orangeburg, N.Y. and the Letchworth Developmental Center (for the "mentally retarded")* in Thielles, N.Y. In "Sudden Death Related to the Use of Psychotropic Drugs," he stated that "many unrecognized (as being drug related) or unreported deaths have occurred in psychiatric hospitals."(4) Zugibe attributed many deaths to aspiration, the taking of foreign matter into the lungs while breathing:

> Deaths from Aspiration
>
> The high percentage of deaths from aspiration observed at both institutions and attributed to the use of psychotherapeutic and/or sedative drugs is well documented in the literature. Spitz,(57) Chief Medical Examiner of Detroit, relates in one of the most prestigious reference books of medicolegal investigations of death, "Food aspiration following suppression of the gag reflex by tranquilizing drugs is a common phenomenon in mental institutions." Miller and Chinoy, (42) in their scientific exhibit at the American Psychiatric Association's 123rd Annual Meeting on the effects of tranquilizers

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* I place the label "mentally retarded" in quotation marks for the same political reason I place other psychiatric inventions such as "mental illness," "schizophrenia" and "psychosis" in quotation marks. See Appendix 3, "The Myth and Politics of 'Mental Retardation'" for an analysis of this psychiatric labeling process.

on the gag reflex, revealed that the prevalence of asphyxial deaths was increased 10-fold in hospitalized patients receiving tranquilizers. Absence of the gag reflex was reported in 40.3 per cent of psychiatric patients;.... There were 2.73 deaths per 1000 in 1936 through 1945 compared to 25.7 deaths per 1000 in 1956 through 1965. Pharmaceutical company package instructions and the Physicians' Desk Reference reveal information about adverse effects of their products: "because Thorazine can suppress the cough reflex, aspiration of vomitus is possible." "Sudden deaths have been occasionally reported in patients who have received certain phenothiazine derivatives [Navane]. In some cases the cause of death was apparently cardiac arrest or asphyxia due to failure of the cough reflex." "There have been occasional reports of sudden deaths in patients receiving phenothiazines [Stelazine]. In some cases, the cause appeared to be asphyxia due to failure of the cough reflex." "In some cases death was apparently due to cardiac arrest. In others the cause appeared to be asphyxiation due to failure of the cough reflex [Taractan]." "Sudden, unexpected and unexplained deaths have been reported in hospitalized psychiatric patients receiving psychotherapeutic drugs [Prolixin]. Autopsy findings have usually revealed...aspiration of gastric contents." The Physicians' Desk Reference also lists adverse effects of these drugs which may influence aspiration, including spasm of neck muscles, swallowing difficulty, nausea, dystonia, dystonic reactions, spasms of the face, and so forth. The recent Manual of Psychotherapeutic and Antiepileptic Drugs (40) by the State of New York, Office of Mental Retardation and Developmental Disabilities cites suppression of the cough reflex as a major adverse effect of Thorazine, Serentil, Mellaril, Prolixin, Trilafon, Stelazine, Navane, Haldol, Loxitane, Lindone, Moban and Daxolin.

57. Spitz, W., Fischer, R.S., Eds., Medicolegal Investigations of Death, Springfield, Illinois, Charles C. Thomas 286 (1973).
42. Miller, J.J., Chinoy, M., Presented at 123rd Annual Meeting, American Psychiatric Association, Detroit, Michigan (1967).
40. Manual of Psychotherapeutic and Antiepileptic Drugs, State of New York Office of Mental Retardation and Developmental Disabilities, April, (1979).(5)

The most frequent instruments of death used by psychiatrists in the United States today are the drugs. They are called by various names such as anti-psychotics, neuroleptics, major tranquilizers, psychotropics and antidepressants. A California neurologist who writes under the pen name Dr. Caligari, has written considerably on deaths and damage caused by psychiatric drugs. In his article "Psychiatric Drug Deaths" he enumerated ten ways in which these drugs most often cause death:

1. Disordered body temperature regulation. "The drugs interfere with sweating, the body's basic cooling process, the regulation of blood flow to the skin and one's perception of temperature fluctuations. Thus extreme weather conditions increase risk, while the mixture of anti-psychotic drugs with other drugs raises the risk of heat stroke."(6)
2. The neuroleptic malignant syndrome, whereby "a person suddenly comes down with a very high fever, becomes mute and tremulous with excessive sweating, muscle rigidity, rapid heartbeat, difficulty in breathing, swallowing, etc. The person becomes disoriented, delirous, and finally stuporous. In about 20% of these cases death is the outcome."(7)
3. Bone marrow poisoning.
4. Drug-induced epileptic seizures leading to death.
5. Drug-induced blood clots.
6. Paralysis of the intestines.
7. Death after surgery of people on psychiatric drugs.
8. Drug-induced suicidal state.
9. Death secondary to severe tardive dyskinesia.
10. Sudden death phenomenon (apparently due to cardiac arrest or asphyxia due to failure of the cough reflex.)(8)

To show the nationwide extent of these fatalities, Caligari gave as examples the following reports on drug-related deaths:

CALIFORNIA

In October 1976, California's Department of Health contracted with the Department of Consumer Affairs to conduct an investigation of all deaths which occurred in state hospitals during a three-year period, beginning October 31, 1973. Private physicians were hired as medical consultants to assist the investigation. In addition, nurses were selected to evaluate nursing staff practices in these cases. The investigative teams reviewed 1285 deaths. The team concluded that there were serious questions regarding the circumstances surrounding the patient's death in 120 cases. Deficient psychiatric-drug prescribing practices were cited 47 times in seven hospitals, with 25 of these cases being at Napa State Hospital. Deficient nursing practices (relating to drugs) were cited in 17 cases at four hospitals, 11 at Napa State. (Source: Summary Results of Task Force Investigation of State Hospital Resident Death (1973-1976). Office of Planning and Program Analysis, Sacramento, CA, 1978)

MASSACHUSETTS

In August 1980, a Massachusetts Senate panel investigating the state's mental health system listed 40 "unexpected deaths and disappearances" over a three-year period, 27 in state facilities and 13 in private facilities. At least four of the deaths were drug-related. Excerpts from the Boston newspaper article covering the story: "'Drugs had been overused' in the case of Michele Montero, 22, who strangled while tied in a chair Sept. 19, 1979 at Taunton State Hospital." "Female, 61, Sept. 13, 1979, Taunton State Hospital. Cause unknown but may have been drug-related." "Male, 30, April 19, 1979, Solomon Mental Health Center. Question of over-medication." "Male, 51, Glenside Hospi-

tal, a private facility in Boston. Found dead of cardiac arrest in seclusion room shortly after placed there under chemical restraint." The Senate panel reported that none of the 40 cases was "appropriately investigated" by the state's Department of Mental Health or other state agencies. (Based on "Mental Care...A Deadly Nightmare," Anne Beaton, Boston Herald, August 6, 1980)

TEXAS

"In Texas, a clinical psychiatrist who has toured nine hospitals at the request of the Department of Justice will soon testify in a federal suit [U.S. District Court in Dallas] that 15 patients died in 1980 by choking on food or vomit while on heavy doses of psychotropic drugs. Hospital records, obtained through the Freedom of Information Act, documented the deaths. 'All these drugs cause neurological problems,' the psychiatrist explained, 'and when they are given in combination and in high dosages without strict monitoring, this is what happens.'" ("Mental Hospital Deaths," Institutions, Etc., January 1981, p. 6)

UNITED STATES

Based on statistics gathered in 24 cities between May 1976 and April 1977 the National Institute of Drug Abuse estimated that there were 5800 drug-related deaths in hospital emergency rooms for 16 of the more widely used psychiatric drugs. The statistics did not include deaths from these drugs occuring in places other than emergency rooms: nor did the statistics reveal the number of these deaths that were caused by intentional over-dosing as opposed to those resulting from compliance with physician-ordered prescriptions. The figures for deaths from psychiatric drugs used singly or in combination with other drugs broke down as follows: major tranquilizers--Mellaril (200), Thorazine (100): minor tranquilizers--Valium (900),Librium (200),Equanil and Miltown (200);

> antidepressants--Elavil (700), Adapin and Sinequan (200); and sedative-hypnotics--Seconal (800), Nembutal (600), Luminal (500), Tuinal (500), Amytal (300), Quaalude (100), Doriden (100), Dalmane (100). During the same period there were 1700 emergency-room deaths related to the use of heroin/morphine, which is 4100 fewer than the estimated 5800 psychiatric drug-related deaths. (From information in "The Organized Drugging of America," Peter Barry Chowka, East West Journal, Mar. 1979, p. 34) (9)

It is not unusual for young (and old) psychiatric inmates to die as a combined result of drug reactions and the excitation of a fight with attendants and other institution personnel who are trying to physically force the inmates to take drugs or enter an isolation cell against their will. Examples of at least two such deaths occurred at Haverford State Hospital in Pennsylvania where I have participated in organizing inmates as a member of the Alliance for the Liberation of Mental Patients. The victims were Robert Keel, who was killed at Haverford in 1978 at age 25, and Stephen Timlin, who was killed there in 1981 at the age of 17.(10) These and similar scenarios are not exceptions. They are happening continuously throughout the United States, and for that matter, throughout most of the rest of the world.

It must be emphasized that death and injury can result from these drugs not only from overdosing but from so-called "therapeutic levels" as well. In regards to damage to the heart, Dr. Zugibe stated, "There is no question that all of the effects discussed would be much more serious in individuals with cardiac disease and in elderly people, but there is an increasing number of cases of cardiac complication in young individuals with no evidence of heart disease who are on therapeutic levels of psychotherapeutic drugs."(11)

One of the most common debilitating effects of these drugs is tardive dyskinesia, an irreversible neurological disorder, a form of damage to the brain and central nervous system caused by the use of neuroleptic drugs such as Thorazine, Stelazine, Haldol and others of similar chemical composition. In "The Tardive Dyskinesia Epidemic," Dr. Caligari stated that: "...studies have found rates of T.D. [tardive dyskinesia] from 6% to 56% among those taking such drugs for prolonged periods (more than 2 years) with most figures between 20-40%. Clearly this is a drug-induced plague à la Thalidomide, but on a much

larger scale!"(12)

Quoting from an article in the journal Human Behavior, Caligari continued,

> 'The symptoms of tardive dyskinesia include slow, rhythmic and involuntary movements of the face and limbs; cheek-puffing; lipsmacking or lip-pursing; chomping or chewing of the jaws; undulation of the tongue or repeated tongue thrusts in a 'fly-catcher' movement; occasional stiffening of the neck and arms, difficulty in swallowing or speaking, in severe cases; rotation of the ankles or toes; or wrist and finger movements.... Considering that an estimated one million Americans receive some form of neuroleptic on any given day, it is quite possible that at least 50,000 people, conservatively speaking (500,000 less conservatively speaking--Dr. C.) might develop this drug-induced form of brain damage in the next year.'(6)

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6. Horowitz, J., "The Hidden cost of Mind Medicines," Human Behavior, May, 1978, p. 53-54. (An excellent article in plain English). (13)

Aside from these documentations of deaths and disabling effects of psychiatric drugs, readers who are interested in learning the truth about these drugs need only pay a visit to the nearest psychiatric institution and observe the zombie-like state of the inmates there. There are also hundreds of thousands, if not millions, of former inmates outside of institutions who suffer these same effects. Many of them are homeless people living in the streets of the large cities of our wonderful land of opportunity (i.e., opportunism). Many readers, like myself, have no doubt had the severe misfortune to have experienced and observed these drug effects while inmates ourselves. Some, no doubt, are still taking these drugs.

Another psychiatric torture that has caused much death and permanent injury is electroshock. Leonard Roy Frank* did a research survey of ECT (electroconvulsive

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* Frank was himself the victim of 35 electroshock and 50 insulin coma "treatments."

treatment)-related deaths as reported in the psychiatric literature. His list of 109 English-language sources published between 1941 and 1977 reported 384 deaths.(14) It is not difficult to imagine that most deaths resulting from electroshock go unreported or are attributed to other sources, i.e., more natural causes. No psychiatrist likes to be sued or accused of being a murderer rather than a "helper", a "healing physician."

Psychiatry is usually very low-key about the use of electroshock. Many people believe it is no longer or very rarely used. However, from 100,000 to 250,000 people are subjected to this procedure in the United States each year.

Dr. Peter Roger Breggin has written extensively of the brain damage caused by electroshock. In his book, Electroshock: Its Brain-Disabling Effects, he listed the following effects:

> death, amnesia and other kinds of memory loss, brain hemorrhages, cell death, brain death, bleeding, brain-tissue destruction, abnormal EEG, damage to the central nervous system, coma, permanent mental dysfunction, bewilderment, difficulties in concentration, disorientation, confusion and incontinence, impairment of learning and, of course, fear.(15)

Breggin also cited a study by shock doctor D.J. Impastato in 1957 that "verified an overall death rate of 1:1000 from ECT, and a specific death rate of 1:200 in patients over 60 years of age."(16) If these rates are applied to the millions of people who have been given electroshock over the past 40 years in the United States the resulting deaths number in the thousands.

Breggin correctly observed that:

> Psychiatrists had used a variety of aggressive measures to control mental patients during the three centuries of the state mental hospital system...patients were whipped, strapped into spinning chairs, dunked into cold water, poisoned with toxic agents, bled, placed in straightjackets, and thrown into solitary confinement (Breggin credits Emil Kraepelin*,

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* This German psychiatrist's theories on so-called "schizophrenia" and "manic-depression" won him world-wide acclaim and recognition as "the father of modern psychiatry."

> One Hundred Years of Psychiatry, New York, Citadel Press, 1962--originally published in 1917).... The widespread acceptance of insulin coma therapy in the 1930's paved the way for a variety of brain-damaging convulsive therapies, and ultimately for direct surgical destruction of the highest centers of the brain (lobotomy).(17)

Psychiatric murders and maimings are occurring in all 50 states on a continuing basis, despite the contrary assertions of the American Psychiatric Association (APA), the National Institute of Mental Health (NIMH) and the greedy multinational drug companies. There are also somewhat indirect deaths attributable to psychiatry. Many former "mental patients" living in poor quality housing (such as most boarding homes) have died in fires because they were unable to wake up from their heavily drugged sleep in time to escape. We in the psychiatric inmates liberation movement are paying attention to these events. We all know of numerous deaths of present and former psychiatric inmates--many of them our close friends, many of them suicided by psychiatry, that is, driven to take their own lives as a result of those lives having being ruined by tardive dyskinesia, addiction to psychiatric drugs, incarceration in institutions and the resulting tortures, as well as by the bearing of the inescapable labels of their oppressors who, while claiming to help them, brand them forever as "psychotic", "schizophrenic", "manic depressive" and "(ex)mental patient."

In view of these and other psychiatric horrors that have been going on in this country for many decades, it is not surprising to find that many psychiatrists trained in Nazi Germany by German psychiatrists who exterminated a few hundred thousand "mental patients", themselves emigrated to the United States and were immediately accepted into and found themselves comfortable with the psychiatric community here.

2. NAZI EMIGRATION TO THE UNITED STATES

There have been bits and pieces in the news lately about "former" Nazis who came to live in the United States from Germany and other European countries shortly after World War II. In fact there has been a small amount of such news for over 30 years now. Of course, in order to keep the American people ignorant of our country's real history, these and other stories that show our govern-

ment's support for fascism and other forms of repression are few and far between.* When these stories do appear, they usually lack detail and their authors make very few connections with other similar events, places and periods, etc. One of the goals of this book is to make some of these connections.

One recent story in the news concerned the activities of Valerian Trifa, the archbishop and "spiritual leader of the Romanian Orthodox Episcopate, a 35,000 member church based in Michigan."(18) Trifa, now 70, was a leader of the fascist Romanian Iron Guard during World War II. The Iron Guard was responsible for the slaughter of thousands of Jews and other victims of Nazi persecution in the 1940's. According to the Philadelphia Inquirer, Trifa "will become the first person deported from the United States for concealing war crimes from immigration officials."(19) Trifa, who came to the United States in 1950, said, "In the 1950's I was welcome in the United States in the sense that I entered. I was here for so many years, and nothing was said against me. The government knew exactly who I am."(20) It took 5 years from the time a federal law suit was filed in 1975 to take away Trifa's naturalized citizenship. And finally, instead of facing a war crimes trial for mass murder, he was deported to Portugal in August 1984.

For detailed information concerning Trifa's Iron Guard activities one must look beyond the Philadelphia Inquirer's limited, soft-on-fascism style. Howard Blum in Wanted! The Search for Nazis in America, gave a more complete account of some of Trifa's actions. He wrote of a speech Trifa made on January 21, 1941 before a crowd of over 6000 students and Iron Guardists in Bucharest.(21) The speech included the following:

> 'People were never equal. Not even in the first days of the [French] Revolution. These ideas of equality served a category of people who enslaved others and profited by these confused ideas. These ideas of equality

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* For a good discussion of the U.S. Government's support of fascism in the Third World as well as of the media's cover-up of that fascist oppression see: Noam Chomsky and Edward S. Herman, The Washington Connection and Third World Fascism: The Political Economy of Human Rights, Volume I. Boston: South End Press, 1979.

> served the kikes.... The leadership of the people has fallen into the hands of a group of kikes and Jew lovers who are ruling everything, especially history.'(22)

Blum stated that:

> Trifa concluded his hour-long speech in a hoarse scream with the crowd intermittently shouting and applauding ferociously:
>
> 'Even if Adolf Hitler had done nothing else than wage this high struggle of National Socialism, which leads to the unmasking of the fight against Judaism, he would still have risen to great peaks of history, as he blazed a new path.'(23)

This marked the beginning of a three-day pogrom by the Iron Guard that left 10,000 Jews dead throughout Romania, 4000-6000 of them in Bucharest alone.(24)

The Philadelphia Inquirer article of October 8, 1982 mentioned another protected Nazi war criminal:

> 'Andrija Artukovic, a cabinet-level officer in the Nazi puppet government of Croatia, was ordered deported in 1953 but continues to live near Los Angeles. [Allan A.] Ryan, [director of the Office of Special Investigations in the Justice Department] explained that Artukovic was permitted to stay in the United States because of the possibility that he would be persecuted should he return to Yugoslavia.' (25)

He would be prosecuted if he were returned. Perhaps Ryan is confusing the two.

Unfortunately, Trifa and Artukovic are not exceptions but rather the rule.* As I pointed out in Chapter 1, it is

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* An important international news story that broke in 1983 and clearly demonstrates the attitude and practices of the U.S. government in protecting and employing Nazis is the case of Klaus Barbie. Barbie, the "Butcher of Lyon", served as Gestapo chief in that French city from 1942 to 1944. He was directly responsible for the torture, deportation and murder of thousands of French Jews and resistance fighters. According to a Boston Globe story of February 14, 1983,

> U.S. intelligence services protected Nazi war criminal Klaus Barbie in Germany for at least five years after World War II, before he slip-

well known that Nazi rocket scientist Wernher Von Braun was warmly welcomed into this country and played a major part in building the U.S. space program. In fact, on January 31, 1958, Von Braun and his Peenemünde rocket team placed into orbit the first American satellite, Explorer I.(26) Another Nazi transplanted to the U.S. was Reinhard Gehlen, Hitler's Chief of Intelligence in the East (i.e., against the Soviet Union). Gehlen and his spy system of fellow Nazi agents were a key component of the CIA when it was set up in 1947.

Researcher Clarence G. Lasby grasped the extent of the Third Reich - to - U.S. transplant operation when he documented a large

> postwar movement of German and Austrian scientists and engineers to the military instal-

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> ped out of Europe to South America in 1951...
>
> ...a former U.S. Army counter-intelligence officer in postwar Germany, Erhard Dabringhaus, said he deliberately lied to French secret service officials when they twice interviewed him in 1948 while searching for Barbie.
>
> Dabringhaus, 65, a professor of German history at Wayne State University in Detroit, said that...he 'played dumb' under orders from superiors, even though he knew Barbie was hiding in a U.S. Army-requisitioned house.
>
> Dabringhaus said he obtained false identity papers for Barbie during 1948 at a time when Barbie was plotting his escape from Europe to South America. While Barbie lined up his escape route, he was drawing $1700 a month from Army intelligence for running a spy network under Dabringhaus.(27)

On February 4, 1983 Bolivia expelled Barbie and sent him to France to stand trial for his war crimes.

Barbie was by no means the only Nazi war criminal to work for the U.S. government. In another article entitled, "U.S. Shielded ex-Nazis, Records Say," Thomas O'Toole of the Washington Post revealed that,

> State Department documents and cables uncovered in the National Archives show that the State Department and Army Intelligence recruited as agents hundreds of former Nazis

lations, industrial laboratories and universities of the United States.... Between May 1945 and December 1952 the United States government imported 642 alien specialists under several programs known collectively by the code-name 'Paperclip.' (2)

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2. JCS (Joint Chiefs of Staff), 'Statistical Report of Aliens Brought to the United States under the Paperclip Program,' December 1, 1952, OTS (Office of Technical Services, Department of Commerce, Washington, D.C.) (28)

Lasby reported that the United States Air Force sponsored the largest number of Paperclip specialists:

> Between 1945 and 1952 they imported 260, of whom 36 returned to Germany and 1 reemigrated to Argentina. They contracted primarily in the field of aeronautical research, such as supersonics, jet and rocket engines and fuels, ceramics and aviation medicine, in which American technicians had little or no experience. They utilized approximately 30 persons at the School of Aviation Medicine at Randolph Air Force Base, Texas, and most of the others at the Air Material Command at Wright Field, Ohio.(8)

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8. JCS (Joint Chiefs of Staff) Statistical Report, December 1, 1952, RSI (Research Studies Institute, Air University, United States Air Force, Maxwell Air Force Base, Alabama).(29)

One must keep in mind that German scientists and doctors did not innocently gather data concerning aviation

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wanted by Soviet bloc countries for war crimes, and coordinated efforts to prevent their extradition to both Eastern and Western European countries. (30)

medicine and similar subjects in harmless laboratory experiments. Some of their leading medical people were indicted at Nuremberg for war crimes that included:

> medical experiments without the subjects' consent, upon civilians and members of the armed forces of nations then at war with the German Reich and who were in the custody of the German Reich...in the course of which experiments the defendants committed murders, brutalities, cruelties, tortures, atrocities, and other inhuman acts. Such experiments included, but were not limited to, the following:
>
> (A) High-Altitude Experiments.
>
> From about March 1942 to about August 1942 experiments were conducted at the Dachau concentration camp, for the benefit of the German Air Force, to investigate the limits of human endurance and existence at extremely high altitudes. The experiments were carried out in a low-pressure chamber in which the atmospheric conditions and pressures prevailing at high altitude (up to 68,000 feet) could be duplicated. The experimental subjects were placed in the low-pressure chamber and thereafter the simulated altitude therein was raised. Many victims died as a result of these experiments and others suffered grave injury, torture, and ill-treatment. The defendants Karl Brandt, Handloser, Schroeder, Gebhardt, Rudolf Brandt, Mrugowksy, Poppendick, Sievers, Ruff, Romberg, Becker-Freyseng, and Weltz are charged with special responsibility for and participation in these crimes.(31)

Biographical data on the indicted doctors reflects their high-level positions. Karl Brandt was personal physician to Adolf Hitler, Reich Commissioner for Health and Sanitation, a major general in the SS and one of those in charge of killing "mental patients" in the so-called "Euthanasia" Program. Siegfried Handloser was a lieutenant general and Chief of the Medical Services of the Armed Forces. Oskar Schroeder was Chief of the Medical Services of the Luftwaffe (German Air Force). Karl Gebhardt was Chief Surgeon of the Staff of the Reich Physician SS and Police, and President of the German Red Cross. Rudolf Brandt was a colonel in the SS and Ministerial Counsellor and Chief of the Ministerial Office in the Reich Ministry of the

Interior. Joachim Mrugowsky was Chief of the Hygienic Institute of the Waffen SS.

Helmut Poppendick was a senior colonel in the SS and Chief of the Personal Staff of the Reich Physicians SS and Police. Wolfram Sievers was a colonel in the SS and Director of the Institute for Military Scientific Research. Siegfried Ruff was Director of the Department for Aviation Medicine at the German Experimental Institute for Aviation. Hans Wolfgang Romberg was a doctor on the staff of the Department for Aviation Medicine at the German Experimental Institute for Aviation. Hermann Becker-Freyseng was Chief of the Department for Aviation Medicine of the Chief of the Medical Service of the Luftwaffe. Georg August Weltz was Chief of the Institute for Aviation Medicine in Munich.(32)

The indictment went on to describe another type of "medical" experiment:

> (B) Freezing Experiments.
>
> From about August 1942 to about May 1943 experiments were conducted at the Dachau concentration camp, primarily for the benefit of the German Air Force, to investigate the most effective means of treating persons who had been severely chilled or frozen. In one series of experiments the subjects were forced to remain in a tank of ice water for periods up to 3 hours. Extreme rigor developed in a short time. Numerous victims died in the course of these experiments. After the survivors were severely chilled, rewarming was attempted by various means. In another series of experiments, the subjects were kept naked outdoors for many hours at temperatures below freezing. The victims screamed with pain as parts of their bodies froze.(33)*

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* Nazi doctors were not the only ones to freeze people to death in the "interest of science." Even prior to August, 1942, the date given in the Nuremberg indictment for the commencement of the German experiments, U.S. psychiatrists were using hypothermia or "refrigeration therapy" on "mental patients." An article in the prestigious Journal of Nervous and Mental Diseases was entitled "Studies on the Use of Refrigeration Therapy in Mental Disease with Report of Sixteen Cases."(34) Sixteen "patients" at Longview State Hospital in Cincinnati, Ohio were placed in

On October 7, 1951 a story appeared in the New York Times entitled "Ex-Soviet Prisoner Joins Air Medicine Faculty." The article related that "Dr. Walter P. Schreiber, a former German general who spent 3½ years as a prisoner in the Soviet Union has joined the faculty of the U.S. Air Force School of Aviation Medicine at Randolph Field. During World War II Dr. Schreiber was Chief of the Medical Science division of the German Wehrmacht (armed forces)." The article further reported that Schreiber had been captured by the Russians in Berlin and had been taken back to East Germany in 1948 where he finally eluded his captors and escaped into the American Zone. There he was employed as a surgeon in an American camp for displaced persons.(35)

The Times neglected to mention that Schreiber was a

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cabinets on a mattress covered with sheets for as long as 120 hours (5 days). Refrigeration units kept the temperature of the cabinets as low as 30^0 F and body temperatures were lowered to as little as 81.8^0 F.

The authors of the article, Doctors Douglas Goldman and Maynard Murray, described the results of the "treatment",

> The chief complications resulting from the treatment were skin injuries from ice and respiratory infections. The skin injuries were usually of no consequence except in one case (VIII) in which an abdominal slough took several weeks to heal. The respiratory infections were more serious and were responsible for the two deaths attributable to the treatment. Five patients...had bronchitis and bronchopneumonia following treatment. These patients with two exceptions recovered after varying periods, but prolonged mental retardation and physical decay bordering on cachexia [general ill health, with emaciation, due to a chronic disease, as cancer] occurred in the survivors...
>
> Two deaths occurred as a direct result of the treatment. Autopsy in each case confirmed the clinical diagnosis of widespread pneumonia...Both these patients suffered from mental illness of long standing which quite justified the risk associated with treatment. Another patient (VII) died two months after the treat-

convicted war criminal. Only several months later, after public pressure to get rid of Schreiber came from the Physicians' Forum, a liberal organization of American doctors, did The Times report that "Nuremberg testimony showed Schreiber was an accessory to medical experiments at Dachau, Buchenwald, Ravensbrueck and other concentration camps." In this article of February 10, 1952, the American people were told that Schreiber was assigned to the Department of Global Preventive Medicine at the school at Randolph Field. Furthermore Major General Henry G. Armstrong, surgeon general of the U.S. Air Force was quoted as having said that Schreiber was in the U.S. for only six months and that he was the only person qualified to provide certain classified information.(36)

On February 22, The Times strengthened its language,

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ment without apparent cause.(37)

Goldman and Murray also stated that their "work with the use of refrigeration in mental disease began in March, 1940."(38)

Six years later a related article appeared in Diseases of the Nervous System. It bore the title "Hypothermia (A New Treatment of Psychiatric Disorders)"(39) and included a survey of psychiatric use of this freezing procedure. It referred to Goldman and Murray's report, but conveniently made no mention of the three deaths. Doctors J.B. Spradley and M. Marin-Foucher, the authors, noted that

> the most complete investigations in the bio-physiological field were carried on by German researchers who during the last World War, inhumanly exposed prisoners in the Dachau concentration camp to temperatures low enough to produce the death of hundreds of victims. These iniquitous attempts were inspired by the perverted mind of Heinrich Himmler, who boasted about his accomplishments and organized the experiment on a vast scale with the faithful cooperation of S. Rasher, and other German physicians. An accurate account of these events was provided by Leo Alexander (9) when he returned from his visit to Europe. (40)

[See page 69 for Dr. Leo Alexander's historical connections to the Nazi period.]

These U.S. authors went on to discuss in some detail the German "medical experiments" and their own experi-

saying that Schreiber was "proved guilty of medical experiments on unwilling concentration camp victims by the War Crimes Trial Records of the Nuremberg Military Tribunal."(41)

On February 26, Brigadier General Otis O. Benson, Jr. was reported to have said that former German General Schreiber would be off the U.S. Air Force payroll in 24 hours unless a last minute change in orders renewed his contract.(42)

The next day, February 27, The Times stated that Schreiber was "dropped today on direct word from Thomas K. Finletter, Secretary of the Air Force" upon the expiration of his 180-day contract that day. General Benson said that Dr. Schreiber's case would be dealt with by the intelligence agencies.(43) (One wonders if he meant dealt with by Reinhard Gehlen and the other Nazis in the service of the U.S. intelligence agencies.)

The New York Times did not mention in these articles that Schreiber was one of many such Nazi scientists assigned to the U.S. Air Force School of Aviation Medicine, nor did it mention that he was an expert in bacteriological warfare with plague germs, who had been questioned at Nuremberg about experiments involving spraying of bacteria from airplanes.(44) As I indicated earlier in this chapter, this style of supposedly "objective" reporting, in which few, if any, connections are made to related stories, is still typical of most of the U.S. press and other media. It does, in fact, constitute an ongoing cover-up of our past history and present political situations, especially in such areas as Nazi emigration to the U.S., our government's support of fascism worldwide, the war in Vietnam and U.S. policies in other Third World countries, and the probable involvement of U.S. intelligence agencies in political assassinations (e.g., the killing of President John F. Kennedy in 1963 and of Martin Luther King in 1968--to name but two. Resources for information on such murders

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ments on 30 "mental patients" with the freezing of human subjects.

In their conclusions, Spradley and Marin-Foucher stated in regards to the use of hypothermia, "This preliminary report of what has been accomplished is presented with the hope that it will stimulate interest in a new approach and a new procedure in dealing with the mentally ill. The effort required is small. Possibilities appear to be unlimited."(45)

include Peter Dale Scott's The Assasinations: Dallas and Beyond, Michael Canfield and A. J. Webberman's Coup d' Etat in America: The CIA and the Assasination of John F. Kennedy, and David Garrow's The FBI and Martin Luther King, Jr.: From "Solo" to Memphis.)

On May 16, 1982 CBS-TV's program "60 minutes" broke a story that gave a glimpse of the vast numbers of Nazis who came to this country. In this program John Loftus, a former prosecutor with the U.S. Justice Department's Office of Special Investigations, related that the State Department illegally smuggled hundreds of Nazis and Nazi collaborators into the United States after World War II. He conservatively estimated that there were over 300 of them from the Soviet republic, Byelorussia still living in this country.(46) He said that the FBI, Army Counterintelligence, and Army Foreign Intelligence as well as the Department of State all knew that the entire Nazi government of Byelorussia, the president, the vice presidents, cabinet ministers, governors and mayors, and police chiefs were all living in America.(47) In fact, he said, they were recruited because they were Nazis.

Loftus also stated that the smuggling operation was headed by Frank Wisner of the State Department's Office of Policy Coordination, a secret intelligence organization that preceded the CIA, and that the program was known to then President Eisenhower's highest "representatives for cold war affairs" in the early 1950's--Vice President Richard M. Nixon, Nelson Rockefeller and C.D. Jackson, Undersecretary of the Department of Health, Education and Welfare.(48)

A few weeks after the "60 Minutes" program, Thomas O'Toole of the Washington Post wrote that as many as 5,000 anti-Soviets (i.e., Nazis) might have been smuggled into the U.S. in the 1940s and early 1950s "to serve in the mounting propaganda war against Soviet communism." Wisner had a list of anti-communists that

> included people from 20 Eastern European jurisdictions, from Estonia, Latvia and Lithuania, from Cercassia, Byelorussia and the Ukraine in the Soviet Union. It included Yugoslavians, Albanians, Romanians, Hungarians, Bulgarians and Poles. It included some accused war criminals who had served in the Latvian Thunder Cross and the Hungarian Arrow Cross as well as the Romanian Iron Guard.... These illegal emigres were put to work in Radio Free Europe and Radio Liberty, both then financed by the CIA. They also

> then went to work in the Voice of America, the CIA's language school in Williamsburg and the Defense Language Institute in Monterey, California.(49)

If it weren't so tragic, it might be amusing that our government used and still uses Nazis to sell the "American way of life" and the ideas of "freedom and democracy" to people who live in communist and socialist countries.

One U.S. psychiatrist who was a member of the German Nazi Party and the Luftwaffe during the last part of World War II is Dr. Alexander Buehler. Buehler entered Ludwig Maximillian University Medical School in Munich in 1946 where he received his M.D. degree five years later. He emigrated to the United States in 1952 and immediately began an internship at St. Elizabeth's Hospital in Elizabeth, N.J. Buehler made news in 1979 while working as a psychiatrist at Metropolitan State Hospital in Norwalk, California.

On April 3, 1979 the State of California agreed to pay $49,000 to Billie Ray Pulliam in settlement of a suit he had brought as a result of severe injuries he had sustained from "treatment" he had received while under the "care" of Herr Doktor Buehler. Pulliam, a ballet dancer, was drugged and beaten, nearly killed by the staff on Ward 412 at Metropolitan. Steven Rood, a deputy state attorney general in Los Angeles, wrote a memo to Byron Chell, chief counsel for the State Department of Mental Health, recommending the settlement of the lawsuit. In this February 9, 1979 memo Rood wrote,

> Dr. Griffith [a psychologist at Metropolitan] will testify that at one point Pulliam was so heavily drugged that no pulse could be found, that CPR (cardiopulmonary resuscitation) had to be administered; that plaintiff's tongue was so swollen no air, food or water could be introduced through the mouth; that after Pulliam's heartbeat was re-established, Dr. Griffith 'walked' him for several hours to prevent lapse into coma.(50)

Rood also wrote, "Dr. Buehler was a member of the Nazi Party. Though mere association does not damn, his speech, gesture, gait, his very aura--all are colored with an almost cliché authoritarian Nazism."(51) Buehler had ordered several powerful psychiatric drugs given to Pulliam--Thorazine, Haldol, Mellaril, Chloral Hydrate and Cogentin.

As of May 1, 1979 the Scramento Bee reported that

"Buehler is still on the staff at Metropolitan, but has been transferred to the records section and no longer sees patients, according to hospital officials."(52)

The road from Nazi Germany to the United States was at times a two-way street. Dr. Edwin Katzen-ellenbogen (also known as Dr. Edwin K. Ellenbogen) was a psychiatrist in the U.S., a member of the faculty of Harvard Medical School in 1910. He worked at Danvers State Hospital and various other institutions in the Boston area as well as at Bellevue Hospital in New York. From April 11 until August 14, 1947 Katzen-ellenbogen was on trial, along with 30 other Nazis, for his role at Buchenwald Concentration Camp in "killings, beatings, tortures, starvation, and abuses and indignities...on citizens of the United States of America, Poles, Frenchmen, British subjects, Greeks, Yugoslavs, citizens of the Soviet Union, Belgians, stateless persons, Czechs and other non-German nationals."(53)

According to Life magazine, "Buchenwald was among the worst of the Nazi concentration camps. Fifty-three thousand prisoners there were killed in the gas chambers and burned in the crematorium."(54)

The U.S. prosecutors in the case filed the following charges against Katzen-ellenbogen:

(1) As chief doctor of the small camp dispensary of Buchenwald Concentration Camp [Katzen-ellenbogen] was responsible for the medical care of his fellow inmates.*

(2) By virtue of his position caused the deaths of hundreds of his fellow inmates.

(3) Indulged in acts of personal sadism against his fellow inmates.

(4) Killed his fellow inmates.(55)

General Challe of the French Army testified that Katzen-ellenbogen did nothing to care for sick prisoners who consequently died. Other Buchenwald inmates testified that he beat and kicked prisoners; slapped and punched the sick; killed a sick prisoner by pulling him from the third tier of a bunk (causing him to crack his head, lose consciousness and die the next day);

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* The U.S. prosecution did not challenge Katzen-ellenbogen in his assertion that he was an inmate-doctor, who had been arrested by the Gestapo in Paris in 1941 despite the fact that other Buchenwald inmates testified that Katzen-ellenbogen had told them he had been working as an SS agent in Paris at the time of his "arrest."

threatened inmate-doctors who did attempt to treat the sick; stole food and medicine from Danish Red Cross packages of the sick; and had good relations with the SS personnel who ran the camp, even treating them as patients when they required medical attention.

In his own testimony Katzen-ellenbogen revealed some very interesting elements of his own personal history. He received his M.D. degree from the University of Leipzig and travelled frequently with his father who, he emphasized, was a little "adviser of oil corporations in the United States and also of certain banks, for instance Chase National, Knickerbocker Trust...a little adviser for European firms."(56) At his war crimes trial he testified that on one such trip to the U.S., "I married on the 29th of August (1905) in Massachusetts the daughter of, at that time a judge of the Superior and Supreme Court.... My father-in-law was of the family of one of the pre-Lincolnian presidents."(57)

He further said on the witness stand,

> ...I do not desire to drag the name of my relatives, either of my father's side in the States or of my wife's side [into this]. They are prominent men. One is a corporate director and another's a corporate lawyer and another is a...professor of a university. I will not mention any names and perhaps make only allusions.(58)

The prosecution allowed him to conceal his history in that way although they knew, of course, that he had "married into" the family of former President Pierce. They also allowed him to give very vague and general answers to questions concerning his whereabouts and activities from his supposed departure from the U.S. in 1915 until his appearance in Paris in 1941.

Katzen-ellenbogen stated that he became a naturalized U.S. citizen in 1910, but that he had been away from the United States long enough to have lost that citizenship. Naturally the U.S. prosecutors were very happy to list his nationality as "unknown."

For his part in the slaughter Katzen-ellenbogen was convicted and sentenced to life imprisonment. In a final statement to the court he said:

> You have placed the mark of Cain on my forehead. Any physician who committed the crimes I am charged with deserves to be killed--must be killed. Therefore I ask for only one grace. Apply to me the highest therapy that is in your hands.(59)

However, like most other Nazi war criminals, Katzen-ellenbogen maintained he was innocent and appealed his conviction, asking for a reduction in sentence. On June 8, 1948 the "modification board" reduced it to 15 years; on November 30, 1950 an order signed by Thomas T. Handy, General, U.S. Army reduced it to 12 years. And shortly thereafter Ben A. Smith, a "DA civilian attorney, War Crimes Section" made the following recommendation,

> The accused appears to be a genial old rogue who all his life has been interested chiefly in taking care of himself. He is now 68 years of age and, after a somewhat scholarly past, has spent the last nine years in prison. He was at one time an American citizen. Though an inmate of German penal institutions from 1941 until 1945, Katzen-ellenbogen's lot apparently was much better than that of most other prisoners. From the facts received in evidence during the trial, this obviously resulted from his amazing knack for making the most of any situation in which he found himself. While an inmate Katzen-Ellenbogen apparently personally committed minor cruelties but no atrocities...He cooperated scrupulously with the SS...Katzen-Ellenbogen's health is poor...[It is] recommended that his sentence be reduced to a period of confinement for six (6) years commencing November 2, 1945.(60)

I was unable to ascertain if Smith's recommendation was followed. I suspect that it might very well have been. Ilse Koch, one of Katzen-ellenbogen's co-defendants at the trial had her sentence reduced to only four years, although as wife of the camp commandant she had been responsible for many well-publicized killings, including the murdering of Jews with tatoos so that she could use their skin for lampshades. More generally, nearly all the Nazi war criminals who had been convicted were released early under a general amnesty ordered by U.S. High Commissioner John McCloy* in January-February, 1951.(61)

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* McCloy interestingly showed up to play a major part as a member of the Warren Commission in the cover-up of the assassination of John F. Kennedy. Similarly Leon Jaworski, who served in the Army's judge advocate general's department and was chief of the Army's war

Leopold Bellak is a well known psychiatrist who was the 1981 recipient of the Frieda Fromm-Reichman Award from the American Academy of Psychoanalysis. He is listed in Who's Who in America as a professor of psychiatry at George Washington University (1970-76), Columbia University (1965-69) and Albert Einstein Medical College (1971-); a consultant to the U.S. Military Academy at West Point; a principal investigator and project director for NIMH (National Institute of Mental Health) grants (1951-); and the author of books, texts, and science articles.(62)

In 1961 Bellak edited Contemporary European Psychiatry. The lengthy chapter on German and Austrian psychiatry in this book was written by doctors Hans Hoff and O.H. Arnold. Hoff and Arnold tried to explain away the Nazi psychiatric exterminations of "mental patients", Jews and others,

> We would emphasize at the start that psychiatric and race hygiene theory in Germany must not be equated a priori with the doctrines of National Socialism [Nazism]. This is best illustrated by the fact that the fundamental scientific works on human genetics were written long before the appearance of National Socialism, and the most important schools of psychiatric genetics were formed long before that time.... The field of psychiatric genetics is inseperably associated with the work of

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crimes section in Germany where he prosecuted the first major war crimes cases, resurfaced as special prosecutor in the Watergate affair. Jaworski was adamant in opposing the indicting of President Nixon before his pardon by President Ford, and subsequently he refused to challenge the legality of the pardon.(63)

Another interesting figure in this regard is Dr. Leo Alexander who was the expert psychiatric consultant to the U.S. prosecution in the trial of some of those responsible for the "Euthanasia" Program--the killing of the "mental patients" in Nazi Germany. Alexander has been one of the leading users of and proponents for the use of electroshock in the U.S. for the past several decades. (I thank my good friend John Judge, a researcher and activist in the fight against militarism and fascism--Third Reich style and U.S. style--for teaching me to be aware of these kinds of connections that permeate our recent history. There are only so many coincidences.)

Rüdin and his associates.(64)

The guest authors neglected to mention that this same Ernst Rüdin was the chief architect of Hitler's eugenic sterilization laws which were responsible for the forced sterilization of approximately 400,000 "mental patients", "defectives" and others deemed unworthy of procreation by Nazi Germany's Eugenic Courts.

Later on Hoff and Arnold went on to state that

> ...the fact that these [genetic] investigations [at the beginning of World War II] formed the foundation of the well-known genetic hygiene measures of National Socialism was an extremely unfortunate coincidence. Certainly the content of these efforts did not reflect this goal.(65)

The writers' powers of rationalization and distortion were really strained when they stated,

> The political upheaval in Germany in 1933 interrupted these [non-genetic] trends. The approach during the years between 1933 and 1945 was approximately that of National Socialism...genetic theories were advocated, and the eugenic measures introduced during that era were the direct results of this orientation. As long as these measures favored the sterilization of certain psychotic patients, as designated by special courts, they remained in close contact with science, since the expert advisers to such courts were trained psychiatrists. A complete reversal of all the fundamental concepts of psychiatry, however, is evident in the killing of the mentally ill patients, who were unable to work, as occurred during the Second World War, in the years between 1940 and 1945.(66)

Furthermore, Hoff and Arnold had nothing but praise for the work of well-known Nazi psychiatrist Carl Schneider, who was one of the three main "consultants' who approved the forms (i.e., questionnaires) which authorized the transfer of "mental patients" to the killing institutions.* Of course, they didn't mention these facts about Schneider, but rather wrote,

> Carl Schneider created his own conceptual framework of schizophrenia ... this concept

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* Schneider's role in the "Euthanasia" Program is discussed in Chapter 2.

> reached final maturity in his volume on 'The Schizophrenic Symptom Combination', published in 1942. Schneider wished to develop a new type of thinking in psychiatry, to establish a biological psychiatry...he devotes a thorough critical review to existing approaches in psychiatry.(67)

Many people point to the "Leipzig incident" as the beginning of the "Euthanasia" Program in Nazi Germany. In the spring of 1939 a man named Knauer brought his child to the University of Leipzig's Children's Clinic with the request that the infant be put to death since the Knauer child was blind, had half an arm and half a leg and was an "idiot." Karl Brandt, who later administered the mass killing of psychiatric inmates, examined the child, decided the child's life was not worth living and ordered little Knauer to be killed.(68) By 1945 thousands of German children had been killed in this way.

Forty-three years later, on April 9, 1982, a baby was born at Bloomington Hospital in Bloomington, Indiana, U.S.A. Infant Doe, as the baby was referred to in court records, was born with Down's Syndrome and had a deformity in his esophagus that prevented food from reaching his stomach. Rather than perform the simple operation of connecting the esophagus with the stomach, the parents and doctors chose instead to withhold intravenous feeding, causing Infant Doe to die. The headline of the Philadelphia Daily News of April 16, 1982 graphically read "Court Dooms Baby: OKs Starvation Death of Retarded Infant." A 3-to-1 ruling by the Indiana Supreme Court allowed the parents and doctors to withhold food, that is, to kill the baby by starvation,(69) a method also commonly used to kill "retarded" children in Nazi Germany (as was discussed in Chapter 2). Interestingly, this same state, Indiana, in 1907 became the first state to pass a compulsory sterilization law for people considered not worthy of procreating.

The killing of Infant Doe was not an isolated occurrence. According to an article in the Philadelphia Inquirer of May 24, 1982, "The practice of letting retarded infants with correctable birth defects die has become routine in many of the nation's hospitals, according to doctors, nurses and parents around the country."(70) In "Non-care: the Other Infant-Death Syndrome," reporter Patricia O'Brien wrote that about 5000 children are born each year in the United States with Down's Syndrome and that 10 percent of them suffer the associated defects of

intestinal obstructions or heart disease. Dr. Eugene Diamond, professor of pediatrics at Loyola University's Stritch School of Medicine in Chicago, stated,

> These children are affected by attitudes about mental retardation. No one knows at birth how severely retarded a child will be. If the surgery isn't performed, it's because the parents or doctors don't think a mentally retarded life is worth living.(71)

A detailed chronology of the development of some practices and attitudes in the areas of psychiatry, eugenics, sterilization and the like--ideas that are common to both Nazi Germany and the United States and that are the foundation of the institution of psychiatry--are presented in the next chapter.

4

FROM HARVARD TO BUCHENWALD:

A CHRONOLOGY OF PSYCHIATRY AND EUGENICS

The attitudes and practices of psychiatrists in Nazi Germany that enabled them to slaughter 300,000 of their "patients" were similar to those of psychiatrists and psychologists of the same period in the United States. In both countries these attitudes had common roots. And most importantly, these same attitudes, theories and practices are still prevalent today in our own country (and throughout most of the world). That they have not yet resulted in as large a psychiatric holocaust here as in Nazi Germany should be considered only as a warning and should not prevent us from stopping the spread of this psychiatric malignancy (if you'll forgive the medical metaphor).

Two recent books that give a thorough description of the development and continued presence of many of these views and theories are:

1. The Legacy of Malthus: The Social Costs of the New Scientific Racism by Allan Chase,(1) and
2. From Genesis to Genocide: The Meaning of Human Nature and the Power of Behavior Control by Stephan L. Chorover.(2)

Many of the pseudoscientific, psychiatric and social theories that advocate the locking up (i.e., "institutionalization"), sterilization and killing (i.e., "euthanasia") of people considered by some to be "not worthy of living" fall under the heading of eugenics. My 1966 copy of Webster's Seventh New Collegiate Dictionary defines eugenics as "a science that deals with the improvement (as by control of human mating) of hereditary qualities of a race or breed."(3) The idea that one race

or group of people is superior to another is, of course, a racist, political and pseudoscientific, not scientific, idea. Unfortunately, many people considered to be scientists and "social scientists" advocate this type of racism and discrimination. "Sociobiology" is a related pseudoscience that claims to give biological reasons (e.g., heredity, chemical imbalances in the blood and brain, etc.) for social and political actions and conditions. Eugenicists and sociobiologists have been blaming the victims of poverty, unemployment, racism and other discriminations for their condition for over a hundred years now.

There are many psychiatrists and psychologists who do not believe that "mental illness" and "mental retardation" are inherited or biologically or chemically caused. They look instead at the "patient's" environment, though usually not much beyond the family. Yet they still treat the pain and suffering* of people who are so labeled with many, if not all, of the same torturous methods as the "genetically-oriented" doctors. They call us by the same degrading and dehumanizing labels--"schizophrenic", "psychotic", "mentally defective"--and they forcibly commit people to psychiatric institutions, give them/us drugs, electroshock and even psychosurgery. They use as well the techniques of behavior modification, an attempt to force changes in behavior and attitudes by controlling the person's environment, a most inhumane and totally undemocratic concept à la B.F. Skinner. And they use isolation cells and shackles which they euphemistically call "quiet rooms" and "restraints".

The following is a chronology that demonstrates some of the similarities in the origins and parallel development of eugenic and psychiatric ideas and practices in the United States and Germany. In the case of Germany, most of the included events occurred before or during the Nazi period. In the case of the U.S., events up to the present are included. The list has a few entries for other countries and could have included other examples. Further information can be obtained from the sources cited in the references and especially from the works of Chase and

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* I do not mean to imply that all people labeled "mentally ill" are experiencing severe emotional pain. Many are, but many also get labeled "psychotic", "manic", etc. for being "too happy" or for not wanting to conform to certain values imposed on them by society (i.e.,not behaving "appropriately").

Chorover just mentioned.

1851.

> ...a respected white physician, Dr. Samuel A. Cartwright, created a mental illness peculiar to Black people. The effort of the slave to gain his freedom by running away from the plantation, he said, was a symptom of a serious mental disease called DRAPETOMANIA. Dr. Cartwright maintained that this hideous condition could be cured by recapturing the 'patient', rubbing him down with oil and beating him into submission.(4)

1869. The English psychologist Francis Galton, cousin of Charles Darwin, published Hereditary Genius. Cornell University anthropology professor Davydd Greenwood described this work as "an impassioned brief for hereditary aristocracy that became the first major document of the modern eugenics movement."(5) Chorover wrote of this book:

> Galton's inquiry into 'hereditary genius' led him to view 'the incompetent, the ailing, and the desponding' as a threat to the well-being of society because of their habit of producing large numbers of impoverished, sick, and miserable children. The upper classes, he argued, should be encouraged to have more children, whereas the lower classes should be induced, if possible, or compelled, if necessary, to have fewer.(6)

Galton's racist view of Blacks was made clear when he wrote, "The average intellectual standard of the negro is some two grades below our own."(7)

1875. U.S. immigration law excluded "coolies, convicts, and prostitutes" as "undesirable" aliens.(8)

1882. "Lunatics and idiots" were added to those excluded under U.S. immigration law.(9)

1883. Galton introduced the term "eugenics" to describe his ideas and proposed practices of racial superiority and sterilization.

1884. Galton stated "The Jews are specialized for a

parasitical (Galton's emphasis) existence upon other nations..."(10)

1890's. The superintendent of a Kansas home for the "feeble-minded" castrated 58 children before public revulsion forced him to stop.(11)

1895. German eugenicist Dr. Alfred Ploetz published The Excellence of Our Race and the Protection of the Weak, in which he "attempted to show...that a misdirected humanitarianism was threatening the quality of the race by fostering the protection of its weaker members."(12)

1897. In his presidential address before the American Association for the Study of Feeblemindedness, Dr. M.W. Barr strongly advocated sterilization.(13)

1898. A eugenic sterilization bill was unsuccessfully introduced into the Michigan Legislature. It provided for the castration of all inmates of the Michigan Home for the Feebleminded and Epileptic.(14)

1900-1903. Wilhelm Schallmayer won an essay contest sponsored by Alfred Krupp, the head of Germany's largest armaments company, for answering the question, "What does the theory of evolution teach us in regard to the internal political development and legislation of states?" Schallmayer put forward a eugenics program that included premarital screening by doctors for "undesirable" inheritable traits in his prize-winning book, Inheritance and Selection in the Life-History of Nationalities: A Sociopolitical Study Based upon the Newer Biology [sociobiology].(15)

1903. "Epileptics and insane persons" were added to those "undesirable" aliens excluded under U.S. immigration law.(16)

1904. The Carnegie Institution of Washington, a corporate foundation endowed by Andrew Carnegie, the steel tycoon, established a biological experiment station at Cold Spring Harbor, New York. Eugenicist Charles Benedict Davenport was its first director.(17) In both the U.S. and Germany the eugenics movement was in large part supported by corporate funds.

Alfred Ploetz founded the Archiv für Rassen und Gesellschaftsbiologie (Archive for Racial and Social Biolo-

gy), the chief journal of the German eugenics or race hygiene movement.(18)

1907. Indiana passed the world's first compulsory sterilization law for all "confirmed criminals, idiots, rapists and imbeciles" who were confined in state institutions. By 1980 thirty states and the colony of Puerto Rico passed similar laws.(19)

"Imbeciles and feeble-minded persons" were added to those "undesirable" aliens excluded under U.S. immigration law.(20)

1912. The First International Congress of Eugenics was held at the University of London. The president of the Congress was Major Leonard Darwin, son of Charles Darwin. One of the English vice-presidents was First Lord of the Admiralty Winston Churchill, later Prime Minister. German vice-presidents included M. von Gruber, professor of hygiene at Munich and Dr. Alfred Ploetz, president of the International Society for Race Hygiene. American vice-presidents included Charles W. Eliot, president emeritus of Harvard University and Alexander Graham Bell.(21)

Psychologist Henry Goddard published The Kallikak Family: A study in the Heredity of Feeble-Mindedness. (22) In this year Goddard also administered IQ tests to immigrants at Ellis Island, finding that 83 percent of the Jews, 80 percent of the Hungarians, 79 percent of the Italians and 87 percent of the Russians who wanted to enter the United States were "feeble-minded."(23)

1914. The First National Congress on Race Betterment was held in Battle Creek, Michigan. A "segregation and sterilization program" was proposed to reduce the number of "defective and antisocial" people in the population from 10 percent to 5.77 percent by 1955 by sterilizing 5.76 million Americans.(24)

By 1914 eugenics was taught in the U.S. at Harvard, Columbia, Cornell, Brown, Wisconsin, Northwestern, Clark and other universities. In Germany, in this year, the Reichstag (the German parliament) considered a eugenic sterilization law.(25)

1916. Madison Grant published The Passing of the Great Race, or the Racial Basis of European History in

New York, in which he stated,

> Mistaken regard for what are believed to be divine laws and a sentimental belief in the sanctity of human life tend to prevent both the elimination of defective infants and the sterilization of such adults as are themselves of no value to a community. The laws of nature require the obliteration of the unfit and human life is valuable only when it is of use to the community or race.(26)

Lewis M. Terman, professor of psychology at Stanford University published the Stanford-Binet IQ test in the United States.(27) Chorover credited Terman with "injecting race into the IQ debate." Terman claimed that "mental deficiency is very common among Spanish-Indian and Mexican families...and also among negroes." He also warned that "if we would preserve our state for a class of people worthy to possess it, we must prevent, as far as possible, the propagation of mental degenerates."(28)

1920. Alfred Hoche, professor of psychiatry and director of the psychiatric clinic in Freiburg, and Karl Binding, a German judge published The Release of the Destruction of Life Devoid of Value in Leipzig. This work advocated the killing of people labeled "mentally ill" and "mentally defective", and used the euphemism "euthanasia". Some quotes from this book are:

> ...all the institutions for mentally sick persons...the tremendous care that these creatures receive; creatures of no value at all...(29)
>
> ...incurable idiots...have no will for life or for death. They give no definite consent to the euthanasia.... Their life is completely useless, but they don't consider it unbearable.(30)
>
> ...for the idiots...the continuation of life for society as well as for the person himself has no value.(31)

Dr. John E. Lind, a psychiatrist at St. Elizabeth's Hospital in Washington, published his racist view of "the psychology of the African" in the Psychoanalytic Review:

> The precocity of the children, the early onset of puberty, the failure to grasp subjective ideas,the strong sexual and herd instincts with the few inhibitions, the simple dream life, the

> easy reversion to savagery when deprived of the restraining influence of the whites (as in Haiti and Liberia), the tendency to seek expression in such rhythmic means as music and dancing, the low resistance to such toxins as syphillis and alcohol, the sway of superstition, all these and many other things betray the savage heart beneath the civilized exterior. Because he wears a Palm Beach suit instead of a string of cowries [brightly colored shells], carries a gold-headed cane instead of a spear, uses the telephone instead of beating the drum from hill to hill, and for the jungle path has substituted the pay-as-you-enter streetcar, his psychology is no less that of the African.(32)

1921. The Second International Congress of Eugenics was held in New York. The sponsoring committee included Secretary of Commerce Herbert Hoover and the presidents of Clark University, Smith College and the Carnegie Institution of Washington.(33)

1922. H.H. Laughlin, the Expert Eugenics Agent of the United States House of Representatives Committee on Immigration and Naturalization published the Model Eugenical Sterilization Law.(34) This model formed a basis for many state sterilization laws and for Nazi Germany's 1933 law. Laughlin listed the categories of people who were to be subjected to mandatory sterilization:

> The socially inadequate classes, regardless of etiology or prognosis...are the following: (1) Feeble-minded; (2) Insane (including the psychopathic); (3) Criminalistic (including the delinquent and wayward); (4) Epileptic; (5) Inebriate (including drug-habitués); (6) Diseased (including the tuberculous, the syphilitic, the leprous, and others with chronic, infectious, and legally segregable diseases); (7) Blind (including those with seriously impaired vision); (8) Deformed (including the crippled); and (10) Dependent (including orphans, ne'er-do-wells [sic], the homeless, tramps and paupers.)(35)

1925. Adolf Hitler published Mein Kampf to the glee of the eugenicists. Hitler's book included the following statements:

It is a half-measure to let incurably sick people steadily contaminate the remaining healthy ones.... The demand that defective people be prevented from propagating equally defective offspring is a demand of the clearest reason and if systematically executed represents the most humane act of mankind. It will spare millions of unfortunates undeserved sufferings, and consequently will lead to a rising improvement of health as a whole.(36)

The stronger must dominate and not blend with the weaker, thus sacrificing his own greatness. Only the born weakling can view this as cruel, but he after all is only a weak and limited man.(37)

It was and it is Jews who bring the Negroes into the Rhineland, always with the same secret thought and clear aim of ruining the hated white race by the necessarily resulting bastardization, throwing it down from its cultural and political height.(38)

The folkish state must make up for what everyone else today has neglected in this field. *It must set race in the center of all life. It must take care to keep it pure.... It must see to it that only the healthy beget children; that there is only one disgrace: despite one's own sickness and deficiencies, to bring children into the world.... It must put the most modern medical means in the service of this knowledge. It must declare unfit for propagation all who are in any way visibly sick or who have inherited a disease...and put this into actual practice.*

Those who are physically and mentally unhealthy and unworthy must not perpetuate their suffering in the body of their children. (Hitler's emphasis).(39)

1927. Oliver Wendell Holmes wrote the United States Supreme Court's decision in Buck v. Bell. Buck was Carrie Buck, an 18-year old woman committed to the State Colony for Epileptics and Feeble-Minded in Virginia, where Bell was the superintendent. Carrie's mother was also an inmate at the same institution. Carrie had recently given birth to a child and the state of Virginia wanted to have her sterilized against her will. Associate Justice Holmes wrote,

> The judgment finds the facts that have been recited and that Carrie Buck 'is the probably potential parent of socially inadequate offspring, likewise afflicted, and she may be sexually sterilized without detriment to her general health and that her welfare and that of society will be promoted by her sterilization,' and thereupon makes the order...we have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for those lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or let them starve for their imbecility, society can prevent those who are manifestly unfit from breeding their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes.... Three generations of imbeciles are enough.(40)

1927-1933. During this period Austrian psychiatrist Manfred Sakel developed insulin shock (ICT-"Insulin Coma Treatment") in Berlin and Vienna. This is a procedure whereby the "patient" is injected with enough insulin to induce a coma.(41) Leonard Roy Frank wrote, "Although the rate of death from ICT is usually reported by psychiatrists as being from 0.5 to 2 percent, one extensive 1941 study of state hospitals revealed a 4.9 percent death rate.(42)

That ICT was used extensively in Nazi Germany is indicated by the statement of psychiatrist Helmut Ehrhardt,* "Already by 1937 there was, I think, no neuropsychiatric university clinic in Germany in which ICT was not used."(43)

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* Ehrhardt is a German psychiatrist who is also a member of the American Psychiatric Association. He was trained in Nazi Germany at the University of Breslau where he received a Ph.D. in psychology in 1939 and an M.D. in 1941.(44)

1930. Ernst Rüdin, professor of psychiatry at Munich and director of the Department of Heredity at the Kaiser Wilhelm Institute visited the United States and was praised by leaders of the Carnegie Foundation. Rüdin, later architect of Nazi Germany's sterilization law was financially supported in his work by a large grant from the Rockefeller Foundation.(45)

1932. The Third International Congress of Eugenics was held in New York. Dr. Theodore Russell Robie of the Essex County Mental Hygiene Clinic in New Jersey presented "Selective Sterilization for Race Culture" in which he called for the sterilization of at least the 14,000,000 Americans who had received low intelligence test scores since World War I. In this third year of the Great Depression, Robie said,

> ...there are those who believe that our population has already attained a greater number than is necessary for the efficient functioning of the race as a whole. Certainly our present picture of millions of unemployed would point to the belief that this suggestion is a reasonable one. It would undoubtedly be found, if such research was possible, that a major portion of this vast army of unemployed are social inadequates, and in many cases mental defectives, who might have been spared the misery they are now facing if they had never been born. It would certainly be understandable how many of them would prefer not to have been born, if they could have known what was in store for them on this earth where the struggle for existence, and the urge toward the survival of the fittest makes it necessary for all those who would survive to possess a native [genetic] endowment of at least average intelligence.(46)

1933. Adolf Hitler and the National Socialist (Nazi) Party came to power in Germany.

An article by Dr. M.H. Goering, a cousin of Marshal Hermann Goering, appeared in Germany's Journal of Psychotherapy, instructing psychotherapists to make "a serious scientific study of Adolf Hitler's fundamental work Mein Kampf, and to recognize it as a basic work." Carl Jung, the world-famous psychiatrist, was the editor of this journal.(47)

Madison Grant published Conquest of a Continent, a "racial history of the United States" and had copies sent to Mussolini, Nazi Professor Dr. Eugen Fischer at the Kaiser Wilhelm Institute for the Study of Anthropology, Human Heredity and Eugenics in Berlin, Dr. Alfred Rosenberg (Hitler's chief scientific adviser), and to Nazi race hygienist Professor Dr. Fritz Lenz at the University of Munich.(48)

Hitler put into law the Nazi Act for Averting Descendants Afflicted with Hereditary Diseases. This sterilization law was directly based on H.H. Laughlin's Model Eugenical Sterilization Law of 1922. Compare the categories of victims under Laughlin's model (check 1922 in this chronology) with the following criteria for sterilization used by the Nazi Eugenic Courts that were set up in 1933:

> ...(1) Congenital Mental Deficiency; (2) Schizophrenia, or split personality; (3) Manic-Depressive Insanity; (4) Inherited Epilepsy; (5) Inherited Chorea; (6) Inherited Blindness; (7) Inherited Deafness; (8) Any grave physical defect that has been inherited; (9) Chronic alcoholism, when this has been scientifically determined to be symptomatic of psychological abnormality...(49)

Between 1933 and 1939, 375,000 forced sterilizations were performed under this act. According to Wallace R. Duell, a German correspondent for the Chicago Daily News, the official rationales were as follows:

Congenital feeble-mindedness	203,250
Schizophrenia	73,125
Epilepsy	57,750
Acute alcoholism	28,500
Manic-depressive insanity	6,000
Hereditary deafness	2,625
Severe hereditary physical deformity	1,875
Hereditary blindness	1,125
St. Vitus' dance	750
Total	375,000(50)

According to the Central Association of Sterilized Persons organized in Germany in 1945, the total number of people sterilized under Hitler's Third Reich (1933-1945) was two million.(51)

H.H. Laughlin received an honorary degree from Germany's Heidelberg University, a major Nazi research

center on "race purification" for his contributions to eugenics.(52)

1934. Psychiatry professor Ernst Rüdin wrote that it was thanks to Hitler that "the dream we have cherished for more than thirty years of seeing racial hygiene converted into action has become reality."(53)

1935. Egas Moniz performed the first lobotomy in Portugal. Four years later he was shot and partially paralyzed by a victim of one of his lobotomies, and in 1955 he was beaten to death by another of his "patients" who obviously didn't welcome his "help".(54)

The Nazis instituted the Law for the Protection of the Genetic Health of the German People, which required couples to have a medical examination before marriage. It forbade marriage if one person was considered genetically defective. It also did not allow marriage between Jews and Aryans and was later extended to include Gypsies, Slavs and other people deemed inferior.(55)

Dr. Alexis Carrel, a French-American Nobel Prize winner published Man, the Unknown in which he advocated killing the "mentally ill and criminals" in "euthanasia" institutions. In his last chapter, "The Remaking of Man" Carrel wrote,

> There remains the unsolved problem of the immense number of defectives and criminals. They are an enormous burden for the part of the population that has remained normal.... Why do we preserve these useless and harmful beings?.... Why should society not dispose of the criminals and the insane in a more economical manner?.... In Germany, the Government has taken energetic measures against the multiplication of inferior types, the insane and criminals.... Perhaps prisons should be abolished. They could be replaced by smaller and less expensive institutions. The conditioning of petty criminals with the whip, or some more scientific procedure, followed by a short stay in hospital, would probably suffice to insure order. Those who have murdered, robbed while armed..., kidnapped children, despoiled the poor of their savings, misled the public in important matters, should be humanely and economically disposed of in small

> euthanasia institutions supplied with proper gases. A similar treatment could be advantageously applied to the insane, guilty of criminal acts. Modern society should not hesitate to organize itself with reference to the normal individual.(56)

1936. Walter Freeman and James W. Watts introduced lobotomy into the United States.(57)

1937. Professor Earnest A. Hooten, a Harvard University anthropologist and president of the American Association of Physical Anthropologists was described in the New York Times as one of the leading authorities on human evolution and was quoted as follows:

> ...probably compulsory sterilization alone would serve in the case of the insane and the mentally deficient, but it is very difficult to enforce such a measure in a democracy, unless it has been preceded by an educational campaign which has reached all of the teachable and socially minded individuals of the electorate.... I think that a biological purge is the essential prerequisite for a social and spiritual salvation.(58)

A few days later Hooten urged the U.S. to "encourage a sit-down reproductive strike of the busy breeders among the morons, criminals and social ineffectuals of our population."(59)

The German edition of Madison Grant's Conquest of a Continent was published in Berlin with a special forward by Professor Dr. Eugen Fischer of the Kaiser Wilhelm Institute. Fischer wrote, "No one has as much reason to note the work of the this man [Grant] with the keenest of attention as does a German of today--in a time when the racial idea has become one of the chief foundations of the National Socialist State's population policies."(60)

1938. Ugo Cerletti became the first to use electroshock (ECT--"electroconvulsive treatment") on a human being. It was done in fascist Italy. Cerletti got the idea from watching hogs get shocked into unconsciousness before they were killed at a slaughterhouse. The first victim was a 39-year old engineer who had been arrested at a railroad station for"wandering about without a ticket on trains ready for departure." After the first shock of 80 volts, which failed to produce a convulsion,

and before the second one of 110 volts, which did, the "patient" cried out, "Not another one! It's deadly!" Present at this first administration of electroshock was Lothar B. Kalinowsky who today is a member of the American Psychiatric Association and has been one of the most avid proponents and users of this torture in the United States.(61) Kalinowsky has authored several books and hundreds of articles on electroshock.

Franz J. Kallman, a well-known German-born and educated U.S. psychiatrist who worked in Nazi Germany until 1936 wrote in Eugenical News that "compulsory sterilization of all hospitalized schizophrenics would not prevent more than from 1 percent to 3 percent of schizophrenic individuals" from being born. According to researcher Peter Breggin, Kallman therefore called for "legal power" to sterilize "tainted children and siblings of schizophrenics" and to prevent marriages involving "schizoid eccentrics and borderline cases."(62)

1939. Psychiatrists in Nazi Germany began murdering "mental patients" at Brandenberg, one of the six killing institutions used for the "Euthanasia" Program. At least 300,000 people labeled "mentally ill" and "mentally defective" were slaughtered by gassing, starvation and the injection of lethal drugs by the end of World War II in 1945. (I have described this mass murder in detail in Chapter 2.)

1941. Viktor Brack, one of the heads of the "Euthanasia" Program sent a "Report on Experiments in X-Ray Castration" to Himmler, in which he stated, "a two-tube installation could thus sterilize 150-200 persons a day, twenty installations some 3000-4000 persons a day."(63)

The Nazi program for the killing of psychiatric inmates and others was extended to Dachau and the other concentration camps under the code name of 14f13.

1942. U.S. psychiatrist Foster Kennedy wrote an article in the July issue of the chief journal of the American Psychiatric Association advocating the killing of "retarded" children, the "utterly unfit", to relieve them of "the agony of living" and to spare their parents expense and anguish. Kennedy said, "So the place for euthanasia, I believe, is for the completely hopeless defective, nature's mistake, something we hustle out of sight, which should

never have been seen at all."(64)

1945. Lancet, the major British medical journal, published "Sterilization of the Insane in the USA." According to this article, which was based on information in the Journal of the American Medical Association, over 42,000 people were sterilized in the U.S. during the three-year period of 1941-1943. California led all states with over 10,000 and the breakdown was:

"insane"	20,600
"feeble-minded"	20,453
others	1,563

plus "an unknown number carried out privately in other hospitals."(65)

1946. The Doctors' Trial began at Nuremberg. Just a few of the multitude of Nazi doctors involved in the "Euthanasia" Program and the infamous experiments on inmates of concentration camps were brought to trial.

Dr. Pfannmueller, psychiatrist and director of a state institution in Nazi Germany where many children were starved to death in the name of "euthanasia", testified at Nuremberg,

> ...euthanasia and the work of the National Board had, in my view, nothing to do with National Socialism. They were just as legal as the regulations for prevention of transmission of hereditary disease and infection in marriage. These laws were passed during the National Socialist regime. But the ideas from which they arose are centuries old.(66)

1947. While a defendant in the Doctors' Trial for his role as a leader of the "Euthanasia" Program and for other war crimes, Karl Brandt realized that many of the Nazi ideas concerning "life not worthy of living", sterilization and the like had been based on ideas and writings from the United States. He reminded his U.S. prosecutors of this fact by introducing several of those works as evidence in his defense. One was the book, The Passing of the Great Race by Madison Grant (See 1916 of this chronology). Grant was chairman of the New York Zoological Society and curator of the American Natural History Museum. Brandt excerpted the following from a 1923 German translation of this book,

> ...A strict selection by exterminating the insane or incapable--in other words, the scum of society--would solve the whole problem, in one century, and would enable us to get rid of the

> undesirable elements who people our prisons, hospitals and lunatic asylums. The individual may be supported, brought up, and protected by the community during his life time, but the state must see to it by sterilization, that he is the last individual of his line of descent, otherwise future generations too, will be burdened with the curse of an ever increasing number of victims of misguided sentimentality.(67)

Brandt also used as evidence a copy of Man, the Unknown(68) by Alexis Carrel (See 1935 of this chronology) and a book by Dr. Erich Ristow, a German lawyer, entitled Law Concerning Hereditary Health(69) which pointed out Indiana's forced sterilization law of 1907 and an unsuccessful attempt to pass a similar law in 1898 by the state of Michigan. Another defense exhibit, Human Selection and Eugenics by Dr. Fritz Lenz and Dr. Bauer contained this historical fact:

> The credit for introducing vasectomy of the male for the prevention of inferior progeny belongs to the American physician Sharp. During the years of 1899 to 1907, Sharp sterilized on his own responsibility, 176 mentally deficient persons in a prison in the State of Indiana.(70)

Psychiatrist Edwin Katzen-ellenbogen, former member of the faculty at Harvard Medical School was convicted of war crimes he had committed as a doctor at Buchenwald Concentration Camp. During his trial in Dachau, Germany by the U.S. Army, he testified that he had "...drafted for the governor the law for sterilization of epileptics, criminals and incurably insane for the state of New Jersey, following the state of Indiana which first introduced the law in 1910."*(71)

1948. Walter Freeman, who performed more than 3500 lobotomies, demonstrated his icepick technique at the University of Virginia in Charlottesville. Patricia Derian, then a student nurse, described the procedure which was

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* Katzen-ellenbogen was mistaken about the year Indiana passed its first sterilization law. It was in 1907, not 1910. Perhaps he drafted the New Jersey law in 1910.

done in front of lights and cameras in an amphitheater full of doctors from throughout the state:

> As each patient was brought in, Dr. Freeman would shout at him that he was going to do something that would make him feel a lot better. The patients had been given electroshock just before they were brought in; that's probably why he yelled at them. The shock was the only medication they received, he gave nothing for the pain, no anesthesia, no muscle relaxant.
>
> After the patient was placed on the table, Dr. Freeman would clap his hands and his two assistants would hold up an enormous piece of green felt the color of a pool table. That was the photographic backdrop. Dr. Freeman would direct the placement of lights so that each operation could be photographed, and he checked carefully to be sure that the cameraman was ready, that he had a good angle showing Dr. Freeman with his instrument, that there was no shadow to spoil the picture. His main interest during the entire series of lobotomies seemed to be on getting good photographic angles. He had each operation photographed with the icepick in place.
>
> When all was ready, he would plunge it in. I suppose that was part of his surgical technique, if there is a technique for such surgery. You probably have to plunge it in to break through the back of the eye socket. He lifted up the eyelid and slid the ice-pick-like instrument over the eyeball. Then he would stab it in suddenly, check to be sure the pictures were being made, and move the pick from side to side to cut the brain.(72)

Freeman called lobotomy "mercy killing of the psyche."(73) According to Scheflin and Opton in their book The Mind Manipulators, 100,000 people received psychosurgical operations in one ten-year period, 1946-1955, half of them in the U.S. (74)

1949. Egas Moniz, the first lobotomist, received the Nobel Prize for Medicine in recognition of his "discovery".(75) (See 1935 in this chronology).

Beginning in this year (if not earlier) and, despite

CIA assertions to the contrary, continuing to the present, psychiatrists and psychologists in the U.S. have played a key role in vast mind control projects of the CIA and other government intelligence agencies. The projects' code names included BLUEBIRD, ARTICHOKE, MK ULTRA AND MK DELTA. The details of these projects are beyond the scope of this book. Briefly, however, they included the use of drugs such as LSD, BZ (a drug similar to LSD but 10 times more powerful),(76) and many psychiatric drugs, electroshock, psychosurgery, electronic brain implants, hypnosis, brainwashing and other experimental techniques to control people's minds. One of their goals was to program assassins to kill against their will and then to forget they had been instructed to do so.(77) Another was to behaviorally condition subjects to be used for various other clandestine intelligence operations, while a third was for general purposes of control of the American people.

Many "mental patients" and other prisoners were used as guinea pigs--often unwitting ones--for these experiments. One CIA memo read,

> ...it was essential to find an area where large numbers of bodies would be used for research and experimentation. Dr. (deleted) stated that in connection with the testing of drugs, he was quite certain a number of psychiatrists all over the United States would be willing to test new drugs, especially drugs that affect the mind.(78)

According to Madness Network News,

> Between 1953-1967, the CIA paid Ewen Cameron over $18,000 to test LSD, Thorazine, and sensory deprivation on mental patients. Dr. Carl Pfeiffer was paid $25,000 a year by the CIA to drug prisoners with LSD. Dr. Harris Isbell drugged prisoners with LSD for 11 years under CIA auspices. Dr. Louis Jolyon West of UCLA, Dr. Sidney Malitz, Dr. James B. Cattell, Dr. Amadeo Marrazzi, Dr. Paul Hoch, and many other psychiatrists were also on the CIA payroll.(79)

Psychosurgeon Robert Heath of Tulane University in 1955 did research for the U.S. Army involving the use of LSD on psychiatric inmates in whom he had implanted depth-electrodes.(80) With CIA funds Dr. Isbell of the U.S. Public Health Service Hospital in Lexington, Kentucky, experimented on mostly Black inmates (who were drug addicts) with LSD, mescaline, psilocybin, marijuana,

scopolamine and dozens of other drugs. Isbell paid off his subjects in narcotics.(81) The U.S. Army Chemical Corps, in the period from 1952 to 1957, gave Dr. Paul Hoch and the New York State Psychiatric Institute nearly $200,000 for research on the effects of mind control drugs on humans.(82) Hoch later headed up New York State's Department of Mental Hygiene.

(In the interest of cohesion and readability I have included this entire period under 1949, the first year of these mind control programs).

1950. Walter Freeman and James W. Watts published Psychosurgery in the Treatment of Mental Disorders and Intractable Pain, in which they described one Black victim as follows:

> We vividly recall a negress of gigantic proportions who for years was confined to a strong room at St. Elizabeth's Hospital. When it came time to transfer her to the Medical Surgical Building for operation (lobotomy) five attendants were required to restrain her while the nurse gave her the hypodermic. The operation was successful in that there were no further outbreaks, but for many months after the operation this patient's reputation was such that she was allowed few privileges, and even three years after operation, when she could well have been taken care of at home, her husband refused to try it. He was still scared of the 72 inches and 300 lbs. of ferocious humanity. Yet from the day after operation (and we demonstrated this repeatedly to the timorous ward personnel) we could playfully grab Oretha by the throat, twist her arm, tickle her in the ribs and slap her behind without eliciting anything more than a wide grin or a hoarse chuckle. This patient has been earning her living in Denver for the past two years.(83)

1954. Smith, Kline and French, one of the United States' larger drug companies put the first of the "major tranquilizers", Thorazine (chlorpromazine), on the market. Peter Schrag, in his book Mind Control, estimated that

> ...by 1975 American physicians were writing 240 million pharmacy prescriptions annually for psychotropic medication for people who were not [emphasis added] hospitalized--roughly one

> for every man, woman and child in the country--enough pills all told to sustain a $1.5 billion industry and to keep every American fully medicated for a month.(84)

In 1977 the National Institute of Drug Abuse estimated that 4,794,000 prescriptions had been written for Thorazine alone in the fiscal year ending April 1977--for a total of 270,951,000 pills.(85)

1955. Dr. Saul Krugman conducted an experiment at Willowbrook State Hospital in New York, in which children, most of them labeled "retarded" were deliberately infected with active hepatitus virus as part of a study of the disease.(86)

1960s. Henry E. Garrett, Chairman of the psychology department at Columbia University and a former president of the American Psychological Association published a series of pamphlets to justify race segregation in the United States. In one such pamphlet, Breeding Down, he wrote,

> You can no more mix the two races and maintain the standards of White Civilization than you can add 80 (the average IQ of Negroes) and 100 (the average IQ of Whites), divide by two and get 100. What you would get would be a race of 90's, and it is that 10 percent differential that spells the difference between a spire and a mud hut; 10 per cent--or less--is the margin of civilization's 'profit'; it is the difference between a cultured society and savagery. Therefore, it follows, if miscegenation would be bad for White people, it would be bad for Negroes as well. For, if leadership is destroyed, all is destroyed.(87)

Chorover reported that 500,000 copies of Garrett's pamphlets on the "evils" of interracial marriage were distributed free to American teachers by opponents of integrated education.

1967. Three psychosurgeons, Vernon H. Mark, Frank R. Ervin and William H. Sweet had a letter published in the Journal of the American Medical Association under the heading "Role of Brain Disease in Riots and Urban Violence." In part, the letter read:

> That poverty, unemployment, slum housing, and inadequate education underlie the nation's urban riots is well known, but the obviousness

> of these causes may have blinded us to the more subtle role of other possible factors, including brain dysfunction in the rioters who engaged in arson, sniping, and physical assault.
>
> It is important to realize that only a small number of the millions of slum dwellers have taken part in the riots, and that only a sub-fraction of these rioters have indulged in arson, sniping, and assault. Yet, if slum conditions alone determined and initiated riots, why are the vast majority of slum dwellers able to resist the temptations of unrestrained violence? Is there something peculiar about the violent slum dweller that differentiates him from his peaceful neighbor?
>
> There is evidence from several sources...that brain dysfunction related to a focal lesion plays a significant role in the violent and assaultive behavior of thoroughly studied patients. Individuals with electro-encephalographic abnormalities in the temporal region have been found to have a much greater frequency of behavioral abnormalities (such as poor impulse control, assaultiveness, and psychosis) than is present in people with a normal brain wave pattern.(88)

The National Institute of Mental Health (NIMH) awarded $500,000 to these three modern-day lobotomists to further investigate the use of psychosurgery on "violence-prone individuals".(89)

1969. Arthur R. Jensen, psychology professor at the University of California in Berkeley, received national attention when the Harvard Educational Review published his article "How Much Can We Boost IQ and Scholastic Achievement?" In it Jensen argued against compensatory education and for the hereditibility of intelligence. His work included such gems as:

> 'In the actual race of life, which is not to get ahead, but to get ahead of somebody, the chief determining factor is heredity.' So said Edward L. Thorndike in 1905. Since then, the preponderance of evidence has proved him right...(90)
>
> ...It is reported by the National Institute of Neurological Diseases and Blindness, for example, that when all causes of mental retar-

> dation that can be reasonably explained in terms of known complications of pregnancy and delivery, brain damage or major gene and chromosomal defects are accounted for, there still remains 75 to 80 percent of the cases who show no such specific causes...(91)

From this and other similar reports Jensen attributed the "mental retardation" to heredity rather than to a culturally and racially biased labeling process (i.e., IQ tests) or to social, economic and racial discrimination--to name a few of the political factors involved in not receiving high scores on IQ tests. (What is inherited is money, class privilege, and white skin privilege.) In fact, Jensen wrote, "There is an increasing realization among students of the psychology of the disadvantaged that the discrepancy in their average performance cannot be completely or directly attributed to discrimination or inequalities in education."(92)

> ...On the average, Negroes test about 1 standard deviation (15 IQ points) below the average of the white population in IQ.(93)
>
> For many years the criterion for mental retardation was an IQ below 70. In recent years the National Association for Mental Retardation has raised the criterion to an IQ of 85, since an increasing proportion of persons of more than 1 standard deviation below the average in IQ are unable to get along occupationally in today's world...(94)

This latter statement should not be taken lightly. Jensen is talking about increasing the number of people in the U.S. labeled "mentally retarded" from 5½ million to over 37 million, since 2½ percent of the approximately 220,000,000 people in this country score 2 or more standard deviations below the "average IQ" and 17 percent of the population score 1 standard deviation or more below this so-called average rate.

1970. Psychologist James V. McConnell wrote in Psychology Today,

> ...The day has come when we can combine sensory deprivation with drugs, hypnosis and astute manipulation of reward and punishment to gain almost absolute control over an individual's behavior. It should be possible then to achieve a very rapid and highly effective type of positive brainwashing that would allow us to make dramatic changes in a person's

> behavior and personality.... We should reshape society so that we all would be trained from birth to want to do what society wants us to do. We have the techniques now to do it.
>
> ...We'd send him [the criminal] to a rehabilitation center where he would undergo positive brainwashing.... We'd probably have to restructure his entire personality....
>
> ...No one owns his own personality.... You had no say about what kind of personality you acquired, and there's no reason to believe you should have the right to refuse to acquire a new personality if your old one is anti-social.(95)

1971. The editors of the Philadelphia Inquirer conducted a telephone poll on the question "Should the U.S. Encourage Sterilization among Low IQ Groups?" 69.2 percent of those polled voted in favor of forced sterilization.(96)

Professor Richard Herrnstein of Harvard stated in the Atlantic Monthly,

> ...the tendency to be unemployed may run in the genes of a family about as certainly as bad teeth.... As the wealth and complexity of human society grow, there will be precipitated out of the mass of humanity a low capacity (intellectual and otherwise) residue that may be unable to master the common occupations, cannot compete for success and achievement, and are most likely to be born to parents who have similarly failed.... The troubles...have already caught the attention of alert social scientists...(who have described) the increasingly chronic lower class in America's central cities.(97)

1972. Arthur Jensen's Genetics and Education was published. In it he wrote, "...the rate of occurrence of mental retardation with IQs below 70 plus all the social, educational, and occupational handicap that this implies, is six to eight times higher in our Negro population than in the rest of the population..."(98)

Nobel prize-winning Professor William Shockley

proposed a voluntary* sterilization program in an address before the American Psychological Association. His plan would have the government pay $1000 for each IQ point below 100 to welfare recipients willing to be sterilized.(99)

1972-1973. Dr. Louis Jolyon West, director of the Neuropsychiatric Institute at the University of California at Los Angeles (U.C.L.A.), proposed to utilize an abandoned Nike missle base for the Center for the Study and Reduction of Violence (CSRV). In a confidential letter to Dr. J.M. Stubblebine, Director of Health in the California Office of Health Planning, West wrote that "Comparative studies could be carried out there, in an isolated but convenient location, of experimental or model programs for the alteration of undesirable behavior."(100) In a secret proposal dated September 1, 1972 West revealed another goal of the Center:

> ...Now by implanting tiny electrodes deep within the brain...[it] is even possible to record bioelectrical changes in the brain of freely moving subjects, through the use of remote monitoring techniques. They are not yet feasible for large scale screening that might permit detection of a violent episode. A major task of the Center should be to devise such a test...(101)

The Center's subjects were to include "hyperkinetic" children and those with "chromosomal abnormalities":

> ...a long range study should be instituted to identify children who have this type of genetic abnormality, and to compare their development with that of children who have normal chromosomes.... Such research has great implications, especially with the growing development of means of practical intervention to overcome hereditary defects.(102)

1973. In response to pressure from the gay liberation movement, the American Psychiatric Association eliminated "homosexuality" as a diagnostic category of "mental dis-

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* Would it really be a "voluntary" program, when poor people with below-poverty-level incomes are forced by economic necessity to submit to sterilization? The same argument has been made in regard to the all-volunteer army really being one maintained by a "poverty draft."

orders". Judi Chamberlin, an ex-inmate activist, has pointed out that the APA immediately created "a new diagnosis of 'sexual orientation disturbance'...which referred to homosexuals 'who are either disturbed by, in conflict with, or wish to change their sexual orientation.' No comparable diagnostic category was created for heterosexuals who may want to change their sexual orientation."(103)

(Thousands of gays were persecuted and exterminated by the Nazis in the concentration camps.)

Dr. Russell Sacket, author of Florida's "Death With Dignity" bill, said, "Florida has 1,500 mentally retarded and mentally ill patients, 90 percent of whom should be allowed to die."(104)

Cyril Kolocotronis, an inmate at Western State Hospital in Ft. Steilacoom, Washington described the electroshock he had received:

> A jolt of power jars you into the darkness of temporary death. It's a darkness you can't see or perceive. It's the equivalent of death, except you wake up again. You wake up upstairs in your cell and they feed you breakfast. It destroys some of the cells in your brain and erases your treasured memory. The war-criminal doctor gives you not one of these, but 15, and one guy got 100!.... And every doctor applying electricity to the flesh knows it harms. His sins are seen by the Skies and by himself. He's worse than an Auschwitz fanatic.
>
> AND NO MATTER WHAT HE TELLS YOU AND WHAT PROPAGANDA HE SPREADS, HE WON'T TAKE SHOCK TREATMENTS HIMSELF OR GIVE THEM TO ANY MEMBERS OF HIS FAMILY.(105)

Peter Breggin reported in an article about psychosurgery,

> Minorities will, of course, be the first to suffer. It is no surprise that poor people, the elderly and women were the primary victims of the first wave of lobotomy in the state hospitals. It is no surprise, either, that ghetto rioters were the first concern of the Boston psychosurgeons, that black prisoners and children are among the first victims as

> psychosurgeons move into prisons and children's institutions, and that women and older people again dominate the statistics in the new wave of psychiatric surgery.(106)

1974. Judge Gerhard A. Gesell stated in a U.S. District Court opinion,

> Although Congress has been insistent that all family planning programs function on a purely voluntary basis, there is uncontroverted evidence in the record that minors and other incompetents have been sterilized with federal funds and that an indefinite number of poor people have been improperly coerced into accepting a sterilization operation under the threat that various federally supported welfare benefits would be withdrawn unless they submitted to irreversible sterilization. Patients receiving Medicaid assistance at childbirth are evidently the most frequent targets of this pressure, as the experience of plaintiffs Waters and Walker illustrate. Mrs. Waters was actually refused medical assistance by her attending physician unless she submitted to a tubal ligation after the birth.(107)

Gesell further declared that "Over the last few years, an estimated 100,000 to 150,000 low-income persons have been sterilized annually under federally funded programs."(108) These low-income Americans have, of course, included disproportionate numbers of women, Blacks, Hispanics and people labeled "mentally retarded" and "mentally ill".

1975. Edward O. Wilson's Sociobiology: The New Synthesis was published. Wilson defined sociobiology as "the systemic study of the biological basis of all social behavior."(109) He immediately assumed that the reader would accept the highly questionable claim that social actions have a biological basis rather than a social, political and economic basis, and he went on to declare the following:

> Moderately high heritability has been documented in introversion-extroversion measures, personal tempo, psychomotor and sports activities, neuroticism, dominance, depression, and the tendency toward certain forms of mental illness such as schizophrenia....(110)
>
> The building block of nearly all human

> societies is the nuclear family.... The populace of an American industrial city, no less than a band of hunter-gatherers in the Australian desert, is organized around this unit. In both cases the family moves between regional communities, maintaining complex ties with primary kin by means of visits (or telephone calls and letters) and the exchange of gifts. During the day the women and children remain in the residential area while the men forage for game or its symbolic equivalent in the form of barter and money....(111)
>
> Scientists and humanists should consider together the possibility that the time has come for ethics to be removed temporarily from the hands of the philosophers and biologicized... (112)
>
> The second contribution of evolutionary sociobiology will be to monitor the genetic basis of social behavior...(113)

1976. Luisah Teish wrote an article in Madness Network News, entitled "That Nigger's Crazy!," warning,

> Beware! The labeling hasn't stopped; from 'hostile', 'aggressive', or 'hyperactive' children being given Ritalin to 'anti-social', 'alienated', and 'depressed' Black women being given shock, the story is the same. There is a label and a treatment for 'the Black sickness'. We know that if sanity is defined by white upper-middle class standards then we are in grave danger. It is very easy at this time, when Third World people are seeking their own identities, to say 'That Nigger's Crazy.... LOCK HIM UP.'(114)

R.A. McConnell, Research Professor of Biophysics at the University of Pittsburgh, declared:

> I estimate that somewhere between 10 and 30 percent of the U.S.A. population has inadequate genetic endowment to make a net zero or greater economic contribution in a modern industrial society. Or to say it more precisely, this many people are in excess over the possible need for their level of ability. Unless the average genetic competence can be raised, a large (and presently growing) fraction of our people must remain permanently in the

> spiritually degrading position of charitable dependence upon the rest of us. This, I believe, is one root cause for our present social malaise. A fortiori [even more certain], a still higher fraction is so restricted by genetic endowment as to be unable to understand many of the intellectually complex issues that are submitted to public vote.
>
> In short, our civilization based on science and technology, which are the creation of a miniscule elite, has grown too complex for the ordinary man.(115)

1979. One hundred ten years after the publishing of Galton's Hereditary Genius, the Repository for Germinal Choice was set up in Escondido, California to "make available the sperm of Nobel Prize winners and other creative, intelligent people."(116) William B. Shockley who won the Nobel prize for physics in 1956 and who proposed a massive sterilization program of the poor in 1972 (See entry in this chronology) was one of the donors to this sperm bank.

The Institute for the Study of Medical Ethics in Los Angeles attacked a proposal by Dr. Saul Krugman of the New York University School of Medicine to inject "retarded" children with an untried experimental vaccine made from the diseased blood of hepatitis victims. Krugman had carried on a similar experiment at Willowbrook State Hospital in 1955. (See this chronology). Carleen Bridgeman, a Registered Nurse and Executive Director of the Institute said,

> Krugman's reasoning that the children would probably contract hepatitis anyway, even if they were not deliberately infected with it, was the same type of justification used by the Nazi doctors in defending their torturous and deadly 'medical experiments' on Jews and other concentration camp victims. It was all right to freeze them, to poison them, to infect them with deadly diseases, to explode their brains, to remove their organs one by one...it was all right because they were going to die anyway. (117)

1980. The New York Times reported that 4000 men, women and children had been sterilized over a 50-year period at the Lynchburg Training School and Hospital to

rid Virginia of "misfits". Dr. K. Ray Nelson, director of this institution (which was formerly called the Virginia State Colony for Epileptics and Feeble-Minded), said that the bulk of the operations had been carried out in the '30s and '40s* under the "now-discredited" theory of eugenics in an effort to "raise the intelligence of the people of the state." He also said he felt his predecessors had had "pretty honorable" motives for the sterilizations which were "accepted medical practice for their times."

The Times further reported that 8,300 women had undergone sterilization in Virginia from 1927 to 1972 under a law which still permitted it when doctors thought a "patient" was "afflicted with any hereditary form of mental illness or retardation and the procedure is in the best interest of such patient and society." The Virginia Supreme Court upheld the 1924 law for compulsory sterilization, ruling "it was not to punish but to protect the class of socially inadequate citizens from themselves and to promote the welfare of society by mitigating race degeneracy and raising the average intelligence of the people of the state."

Most of those sterilized at Lynchburg were lied to and told they were having an operation for correction of a medical problem such as an appendectomy. Judy Goldberg, an official for the American Civil Liberties Union, which became involved in a class action suit around the sterilization issue, said that more than 20 states still permitted compulsory sterilization of "incompetent" persons.(118)

The U.S. Government continued to spend enormous amounts of our money researching the so-called biological, psychobiological and genetic causes of human unhappiness and suffering, poverty and unemployment. Just a few of the 1,040 grants given out by the National Institute of Mental Health (NIMH)--amounting to a total of $98,066,115 --(119) to psychiatrists and other pseudo-scientists on the public dole in fiscal 1980 were the following:

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* See also my interview with psychiatrist Gerhard K. Cotts in Chapter 5. Cotts was clinical director at Lynchburg from 1946-1948 and also "coincidentally" received his M.D. degree in Germany the year the Nazis came to power.

(1) Title of Project: "Psychobiology Depression Program"

Amount	Recipient
$438,015	Jean Endicott of New York State Psychiatric Institute (120)
293,696	Martin B. Keller of Massachusetts General Hospital (121)
165,285	Alan Frazer of University of Pennsylvania (122)
157,221	Eli Robins of Washington University in Missouri (123)
120,021	James W. Maas of Yale University (124)
104,170	John M. Davis of Illinois State Psychiatric Institute (125)
91,755	Peter E. Stokes of Cornell University Medical Center. (126)

(2)

Project Title	Amount	Recipient
"Genetics of Schizophrenia-related Deficits"	$183,768	Rue L. Cromwell of University of Rochester (127)
"Psychobiology of Social Behaviour"	144,646	Seymour Levine of Stanford University(128)
"Genetics of Schizophrenia"	108,910	Miron Baron of New York State Psychiatric Institute (129)

Many millions more, of course, were spent to research drugs which are used to "treat" these biologicized and medicalized problems. (Such "research" often involves human experimentation and forced drugging)

(3) Project Title: "Maintenance Drug Therapy Study in Depression"

Amount	Recipient
$191,512	David J. Kupfer of the University of Pittsburgh (130)
124,524	Peter Mansky of Union College and University --Albany Medical College (131)

116,534 Joyce G. Small of the Indiana State Department of Mental Health-Larue D. Carter Memorial Hospital (132)

(4)

Project Title	Amount	Recipient
"Psychopharmacology of Major Psychiatric Disorders"	$307,443	David S. Janowsky of the University of Calif. of San Diego (133)
"Early Drug Evaluation in Neurotic Outpatients"	197,054	Karl M. Rickels of the Univer. of Pennsylvia(134)
"Use of Psychotropic Drugs with the Retarded"	113,711	Robert L. Sprague of the Univer. of Illinois (135)

1982. The first baby was born as a result of the insemination of her mother with the sperm of "an eminent mathematician" from the Repository for Germinal Choice, the Nobel sperm bank.(136) (See 1979 of this chronology.)

Against a political background of the highest unemployment (over 10%) since the Depression, union busting and corporate take-backs of workers' wages and benefits, vast cuts in welfare and social security benefits and food stamps, and two to three million homeless people living on the streets of our cities and towns, psychiatry and the government intensified their efforts to suggest a chemical cause for "depression" and other forms of "mental illness". In a typical article entitled "Chemical link found to suicides" it was claimed that "a chemical defect in the brain may be the cause of suicidal tendencies, according to independent studies at three research centers." The centers were the National Institute of Mental Health in Bethesda, Maryland, Karolinska Institute in Stockholm and Wayne State University. Victor Cohn, the author of this article in the Philadelphia Inquirer stated that "the new studies also have found similar abnormalities [chemical defects] and suicidal tendencies among victims of mental

disorders and abnormal behavior other than depression." (137)*

Mental Notes, the newsletter of the Berks County Mental Health Association in Pennsylvania, printed under the heading "Mental Health Facts",

> 32 million Americans (15% of the total population) need some form of mental health services in any one year. Two million of these persons have schizophrenia; two million suffer profound depressive disorders; and more than one million have organic psychoses and other disabling conditions.(138)

1984-1985 (although "1984" does not go away) ...As you are reading this book, psychiatric inmates, elderly residents of nursing homes, "hyperactive" (i.e., full of youthful, rebellious energy) children, "street people", all kinds of "outpatients", "misfits", etc.--you and I and our children, parents, grandparents, sisters and brothers and friends--are being attacked and seriously harmed, some killed, by psychiatry. We are being drugged against our will and not told of the true deadly effects of the drugs. We are being shocked, lobotomized (under new modern names such as cingulotomy and amygdalotomy), and locked up in psychiatric institutions. We are being cooled-out by "talking therapies", "behavior-modified" to fit into the sterile scheme of corporate Amerika (some are being eliminated altogether because that scheme doesn't have a place for all of us) and told that we are "sick", "mentally retarded" and that we are being "helped". There are 20 to 25 million ex-"mental patients" in the U.S. We must continue to build the psychiatric inmates liberation movement. We must join together with each other and with others who understand the oppressive nature of psychiatry and its threat to human freedom and dignity. We must fight back against psychiatric oppression in both its brutal and subtle forms.

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* I am convinced--and at one time I tried very hard to believe otherwise by reading a good amount of psychiatric literature--that when there are physiological (i.e., chemical) changes in people's bodies and brains, they are the result of, not the cause of or a justification for such conditions as being incarcerated for long periods in institutions, receiving powerful damaging psychiatric drugs and electroshock, and malnutrition from poverty.

5

FROM THE THIRD REICH TO THE APA

This chapter consists of excerpts from conversations I had with psychiatrists who (except for one) were listed as members in the 1977 Biographical Directory of the Fellows and Members of the American Psychiatric Association. The rapid growth of this organization is indicated by this self-description in the APA Directory:

> Beginning in the 1930s the membership had roughly doubled every decade--about 1300 in 1930, 2400 in 1940, 5800 in 1950, 11,500 in 1960, and 18,407 in 1970. In 1977, there are over 24,000 members.(1)

A new directory with approximately 30,000 members was published in 1984. Of course, this rate of growth exceeds by far the general population increase in this country. A large part of the training of these psychiatrists was (and continues to be) financed by hundreds of millions of dollars in government grants (especially from the National Institute of Mental Health-NIMH) to medical schools throughout the United States.

Each psychiatrist interviewed received his/her M.D. degree in, practiced as a doctor in, or had some other clearly defined connection to Nazi Germany or the occupied countries of Hitler's Third Reich. For each I include the biographical sketch concerning him/her which appeared in the 1977 APA Directory. (One exception is Werner Welz who was not in this directory, but was listed in the Directory of Medical Specialists, 1981-1982 under "Psychiatry and Neurology".(2) I include his sketch in this latter directory.) The Reader can easily refer to each entry for the connection to Nazi Germany and both prior and subsequent education and experience (e.g. practicing psychiatry, teaching, writing, etc.), as well as to any gaps (i.e., periods of time not accounted for) and other biographical information.

WERNER KOHLMEYER

APA Biographical Sketch

b Hanover, Ger, May 21, 21. Educ: Univ Goettingen, MD, 45; McGill Univ, Dipl Psychiat, 54. Int: Krankenhaus Goslar, 45-46. Psychiat Res: Krankenhaus Langenhorn, Hamburg, 47-48. PG Training: Allan Mem Inst Psychiat, McGill Univ, 51-54. L: Md, Del. Past Prof Exp: Staff psychiatrist, Sanat Littenheid, Switz, 49-51; sr psychiatrist, St Hosp, Farnhurst, Del, 55-57; assoc dir, Patuxent Inst, Jessup, Md; 57-59 & 61-63; dir adolescence serv, St Hosp, Crownsville, Md, 63-67; med dir, Inner City Community Ment Health Prog, 67-71; asst supt, St Hosp, Farnhurst, 71-73; med dir, Inner City Community Ment Health Prog, 73-77. Past Acad Appt: Instr Psychiat, Johns Hopkins Med Sch, 58-59; prof psychiat & head ment health ctr, Vellore Christian Med Col, India & assoc prof psychiat, Univ Madras, 59-61; asst prof psychiat, Med Sch, Univ Md, 63-69. Pres P&A Activ: Asst prof psychiat, Johns Hopkins Med Sch & assoc clin prof psychiat, Med Sch, Univ Md, 70-; assoc dir psychiat, Patuxent Inst, 77- Type of Pract: FT Clin pract prison or correctional facility; teaching/training; res/prog eval; consult; admin. Mem: Ger Soc PN. Orientation: Eclectic. Prof Interests: Adolescence/adolescents; corrections/crime/prison/delinq; fam/marital ther. Publ: Auth, Die psychother im Rahmen der Psychiatrischen Ausbildung an Der McGill Univ, Antropolgia, Anthropologisches Inst Hamburg, 54; Sexually frustrated patients, Del St Med J., Vol 27 (Aug, 1955); Motor manifestation on conflict in interview: a case study, J Abnormal & Social Psychol, Vol 52 (Mar, 1956); Psychopathol of depression, Del St Med J, Vol 28 (Aug, 1956); A new approach to the psychiat treat of sociopath criminals, Indian J Psychiat, Vol 2 (July, 1960); Psychiat in India, fam approach in the treat of ment dis, Vol 119 (May, 1963) & The Md defective delinq law: an eight year follow-up, Vol 120 (Aug, 1963), Am J Psychiat; Das Konzept der Gemeinde-Psychiat in den USA, Theorie & Praxis & Erfahrungen mit der Sozialther von delinq in Md/USA, Perspektiven der Heutigen Psychiat, 72. Mailing Add: 6118 Benhurst Rd Baltimore MD 21209. Tel: Off (301) 799-3400; Home (301) 358-0808. (3)

. . .

LL:* I was in the library researching psychiatry in Germany during the wartime period and I noticed that you had gone to medical school there during that period.

WK: That's right.

LL: I was wondering what your impressions were of psychiatry and the things that happened there during that period.

WK: Well, during the war I was in medical school, you know. The only exposure to psychiatry I had was through lectures at the university.

LL: Who was the head of the psychiatric department at your school?

WK: His name was Ewald.

LL: What kind of approach did they use?

WK: ...Ewald was the head of psychiatry and neurology at the university....Psychiatry was mostly taught in the mental hospital. In the university clinic we had mostly the neurological cases. The mentally disturbed people were out in the mental hospital, which was affiliated with the university.

LL: Did you do a psychiatric rotation?

WK: No,...mostly all the teaching was done in lectures. There was relatively little exposure to patients. We went out there to the mental hospital and we saw a few patients there....In the university clinic we saw the neurological cases and in the state hospital we saw the psychiatric cases.

. . .

(Kohlmeyer said that he worked at Rasemuhle, a "special hospital for rehabilitation after brain injuries".)

LL: I ran across what was called the Euthanasia Program where a lot of mental patients were killed.

WK: Ya.

LL: I'm trying to get more information about that.

WK: Well, I couldn't tell you very much about that. That took place, apparently from what I heard later, you know, in some of the mental hospitals out in the country....This was very secretive, I mean, this wasn't known at all that this was going on at the time. At the university and the medical school and so on we didn't know any-

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* Telephone conversation of July 1, 1982.

thing about these things, you know....Some of these things came out only later on. I had an aunt who was the director of a mental hospital. When she retired, she used to tell us about some of these things...that some patients had disappeared there, that some patients who were sort of hopeless, they wouldn't change or improve, mental defectives and so on, but we sort of really doubted it, we thought maybe she was getting sort of old.

LL: Was she retired at the time?

WK: She was retired at the time. She retired about '36, '37 or so, '35; she retired shortly after the Nazis took over....We had a hard time believing these things, but then after the war, when these things all became more known, then we knew that she probably had some point there, that something might have gone on in this hospital.

LL: What was the name of the hospital she was at?

WK: Somewhere in middle Germany. I don't remember the name of the place anymore. In the part of the country called Turinger.

LL: I've read that such a large number of mental patients were killed and they were transferred from just about every university and clinic and state and private hospitals, that they were transferred to the killing centers.

WK: Well, I don't know if anybody has really statistics about that, you know, but it certainly was done very secretively, you know.

LL: Were patients transferred from your clinic?

WK: Not to my knowledge, no. We had all the acute cases, you know. This program of what they called the elimination of worthless life, was really done for patients who had been ill a long time, you know and were sort of chronic, but it didn't affect the acute hospitals.

LL: In the trials at Nuremberg Karl Brandt admitted they killed 60,000 mental patients.

WK: 60,000?

LL: At Nuremberg they claimed it was close to 300,000, the American prosecution.

WK: You'd have to get that from statistical resources. I certainly can't tell you anything about that aspect...that sort of thing wasn't really known.

. . .

LL: What was the Nazi presence like at your school?

WK: What do you mean the Nazi presence?

LL: I mean, to what extent was the Nazi Party apparent there, and which professors were Nazis?

WK: We, particularly in the medical field, were not affected by that because we were in the army....Before you went to medical school you had to do a half-year of labor service and two years of army service....I was in the middle of that when the war started. They allowed medical students to study during the war but they had us in sort of army regiments at the university. We were really under the control of the army. The Nazi Party couldn't do anything to us. There was some sort of dichotomy between the Nazis and the army. The army kept sort of the political influences out pretty much.

LL: I was talking to one person*, for example, who was from the University of Berlin, and there Max de Crinis was the head of the psychiatry department, and de Crinis, this person told me, was also involved in the SS, and de Crinis was involved a lot in the Euthanasia Program, and other people have said that others in the universities were involved in the Nazi Party. Surely you must have had some Nazi presence.

WK: I'm sure that there were some. There was a National Socialist student organization. They were sort of trying to make propaganda and so on. We were in the army, we didn't have to join them. This was affecting more other faculty besides medicine....

LL: Are you saying that none of your professors were outwardly SS or Nazis?

WK: No, not the group that I knew. I was at the University of Goettingen. That was a very conservative university. Some of them may have been members of the Party, but relatively little was made of that, you know, the academic atmosphere was pretty much kept clear of that....

LL: Nothing came out after the war about patients being transferred from there?

WK: From our university? Not that I know of. After the war I was somewhere else....

LL: I noticed in your biographical piece in the APA Directory that you worked in this country at Patuxent.**

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* Here I am referring to my conversation with Bruno Franek, another of the psychiatrists whose interview appears in this chapter.

** Patuxent Institution in Maryland is a very restrictive psychiatric prison that uses high-powered behavior modification techniques such as 24-hour solitary confinement,

WK: Ya, when I came, I went first in the Delaware State Hospital, and then I came here to Maryland, I was a research assistant at Hopkins [Johns Hopkins University in Baltimore], you know, and then first part time and then full time at Patuxent.

LL: What was that like? I heard that was a very controversial place, Patuxent.

WK: Ya, it was sort of controversial. The lawyers and particularly the defense lawyers for the individuals that were incarcerated there, they didn't like the idea of the indeterminate sentence. That was set up so that the institution could keep people until they had made some changes in their behavior. If you just have them on a short sentence and then you let them go right away you don't produce any change, because they know they are only going to be there for a short time. That's the leverage to really do something with these men, through the indeterminate sentence, so that you had some sort of influence. You could say, well, you have to work in the treatment program, you have to show some motivation for improvement and change, otherwise you can't get out. Naturally the whole thing was always under some legal scrutiny. Cases had to be taken before the court once a

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denial of books, letters and visitors, and a limit of one shower per week. It was established in 1955 under the Defective Delinquent Statute.(4) According to Jessica Mitford,

> All commitments to Patuxent are for an absolute indeterminate sentence (meaning, 'life top'), the statute specifying that in keeping with the therapeutic purpose of the new institution no inmate should be released until deemed cured. The decision whether or not to release an inmate on parole rests, not with a politically appointed parole board, but with the Institutional Head of Review, headed by the director of Patuxent and composed of practitioners in the disciplines of psychiatry, sociology and law....(5)
>
> The median time served at the institution is ten years. Of 135 inmates paroled from Patuxent from its opening in 1955 until September 1965, 46 percent had served beyond their expired sentences.(6)

Joseph Whitehill, who worked for nine years at Patuxent as a volunteer teacher, said,

year, you know, to reevaluate whether they were still defective delinquent. Defective delinquent was the term that was coined to designate people who needed treatment there you know....If the court felt that they had not made any changes, that they were still very dangerous, then they would stay until some improvements had taken place in their behavior.

LL: What if there was no improvement in their behavior?

WK: Well, under the old Patuxent law they would just stay. Certain types are constantly aggressive, you know, they get into fights all the time and so on. They would just stay. They couldn't get out for a long time. Ones that worked well in the program, they could shorten their period of confinement very considerably....

LL: I see also that you were at Allan Memorial [Institute] at McGill [University in Montreal].

WK: Ya, I took my residency there, you know.

LL: Who did you study under there?

WK: It was Dr. Cameron.*

LL: What did you think of him?

WK: He was a very interesting person, very interesting teacher, very imaginative. He did a lot of research and new programs and things like that.

LL: Did you use a lot of his methods at Patuxent?

> The evidence is commanding that until very recently, Patuxent picked for commitment those it thought it could break. Then came a flood of political and radical prisoners, mostly black, who weren't going to be broken and weren't going to suck up to white middle-class orthodox 'psychiatry' in order to wheedle their way out, all of which took Patuxent's administration very much by surprise.(7)

Kohlmeyer's APA biographical entry indicates that he was associate director of psychiatry at Patuxent.

* Dr. D. Ewen Cameron was president of the American Psychiatric Association in 1953 and was the first president of the World Psychiatric Association. He did experiments on "mental patients" for the CIA(8) under the MK ULTRA program (see the year 1949 in the Chapter 5 chronology) including the use of "depatterning"--the breaking up of existing patterns of behavior with intensive electroshocks, drug-induced sleep and Thorazine. The "patients" who

WK: No, there really wasn't that much of a carry over. Allan Memorial was an acute psychiatric institution. Patuxent Institute is really only for personality disorders.

LL: I have heard that Cameron also used controversial measures to change behavior, which would be one similarity, such as prolonged sensory deprivation and things like that.

WK: Yes, that was research projects, but that had a very limited application, you know. I think it was more theoretical research than really developing universally applicable treatment programs.

LL: He also used a lot of electroshock.

WK: Well, that was the main treatment at that time, electroshock.

LL: Is that used at Patuxent a lot?

WK: No, Patuxent never used it actually.

. . .

LL: Dr. Kohlmeyer, were you yourself ever a member of the Nazi Party?

WK: No, I wasn't.

LL: I was just really struck looking at places that you've worked, I mean, getting your education in a Nazi country, then working with Cameron and then at Patuxent, where such heavy-handed methods have been used.

WK: They were not any more heavy-handed than what was used in other places. These were the developments of the times. Electroshock, insulin shock and so on. They were used by universities all over the country.

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were usually women were shocked 2 or 3 times a day with a shock 20-40 times more intense than the usual ones. (The usual electroshock causes a grand mal seizure.) This drug-induced sleep and the shock "treatments" would continue for 15-30 days, although one person was subjected to them for 65 days. Fifty-three people were depatterned in this manner in 1958 and 1959. Cameron would then use "psychic driving"--the playing of tapes for 16 hours a day to program changes in the victim's behavior. He also used sensory deprivation and isolation of up to 35 days as well as the paralyzing drug curare and LSD. John Marks, author of The Search for the "Manchurian Candidate", wrote that "The frequent screams of patients that echoed through the hospital did not deter Cameron".(9)

LL: I know. They are still used today, but usually not quite to the extent that Cameron used them. Did you participate in the CIA experiments that Cameron did?

WK: I didn't know anything about that, you know. I just heard recently that Cameron got some of his funding from the CIA. There were no defined CIA experiments then.

LL: Ya, but it was during that period.

WK: Ya, I know that Cameron got some funding from the army, from various sources, both from the Canadian and the American side. There were no designated CIA experiments. That wasn't the case at all. Are you writing some sort of paper? What do you want to know all this for?

LL: I'm interested in psychiatry.

WK: Are you a medical student?

LL: No.

WK: What is your work?

LL: I teach math.

WK: You teach math?

LL: But I have an an interest in psychiatry.

WK: Where do you teach math?

LL: In Philadelphia.

WK: ...Your interest in this, it's unusual for a math teacher....Well, is there anything else I can tell you?

LL: I'm sure there is, but I'm sure you won't tell me.

WK: Look, I have nothing to hide, you know. Look, I know what you do. You think there's some sort of an idea of some sinister thing going on with Cameron, but I can assure you that that certainly wasn't the case.

LL: I've read first person accounts....that he gave massive doses of electroshock and had people spinning around and he was programming people with tape recordings and stuff like that.

WK: Ya, that was part of his research, you know.

LL: Did you participate in that?

WK: No, not particularly. I was interested in other areas...electroencephalograms and epilepsy.

LL: You're a very hard person to corner.

WK: I think you have some sort of preconceived notion.

LL: I do, I do.

WK: I can't confirm anything to you that I don't think is correct. You're asking a lot of leading questions that show your bias, you know.

LL: Oh, sure. I know.

WK: If you really want to do anything serious about

this whole thing rather than doing something propagandistic, I think you should inform yourself very well on all levels.

LL: Oh, I have, I have.

WK: What was your name?

LL: Lenny Lapon.

WK: Well, I wish you good luck on your research. I hope that you take these things without bias and really try to be objective about it.

LL: Ya, oh, I try to be objective, and objectively, I just see that it seems to be that the path from Nazi Germany to Allan Memorial Institute to Patuxent seems to be more than coincidence. I think there's a fascistic part to psychiatry.

WK: I can certainly assure you that there's no connections. First of all, as I told you, in Germany I was not connected with psychiatry, I went 2 years into surgery first. Then I finally got into psychiatry. Then I was living for several years in Switzerland. The fact that I got to Canada was based on quite a different kind of connection. I went to England first and I met some people from Canada, and through that connection I got over there. It had nothing to do with the kind of research that Cameron was doing....

GISELA EBERT FLEISCHMANN

APA Biographical Sketch

b Hamburg, Ger, Mar 22, 21. Educ: Univ of Freiburg, MD, 44. Int: Univ Hosp, Zurich, Switz, 45-46. Psychiat Res: St. Luke's Hosp, Chicago, 47-48; VA Hosp, Menn Sch Psychiat, Topeka, Kans, 48-50. L: NY, SDak. Past Prof Exp: Staff psychiatrist, St Hosp, Yankton, SDak, 46-47, Menn Clin, 50-51; asst psychiat, Hillside Hosp, Glen Oaks, NY, 63-67, attend psychiatrist, 67-68. Pres P&A Activ: Pvt pract (PT), 64-; med dir (PT), Jewish Community Servs of Long Island, 67-; attend staff (clin), St Francis Hosp, Roslyn, 76- Type of Pract: FT (P) Clin pract solo pvt off; (S) Clin pract, consult & admin pvt psychiat hosp & pvt non-profit non-hosp inst. Mem: AMA. Orientation: Psychol, PsAn; eclectic. Prof Interests: Adolescence/adolescents; fam/marital ther; indiv psychother. Publ: Co-auth, Effects of leadership upon morale in a group ther setting, Menn Bull, Vol 13 (1949). Mailing Add: 11 Melbourne Rd Great Neck NY 11021 Tel: (516) 466-9557 (10)

. . .

LL:* I am doing research on psychiatry in Germany during the wartime period....I wonder if you could give me some information?

GF: Well, what would you like to know? Mine was a very, very atypical situation....I was an American citizen trapped in Germany because my father was arrested and we couldn't get out...He was an American working in export-import for an American firm.

LL: What firm was he working for?

GF: That was import-export of sausage casings.

. . .

LL: I noticed that you went to medical school there

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* Telephone conversation of June 7, 1982.

during the war. What was that like?

GF: ...It was inferior during the war.

LL: Did you study psychiatry in medical school?

GF: Well, in medical school you don't get much psychiatry, but I did volunteer, but this is a whole long story. My professor was very much anti-Nazi and he did do psychotherapy which was, of course, forbidden. And he had to have reliable people, and he gave me Freud to read and that was unheard of because it was forbidden.

LL: Who was your professor?

GF: Dr. Behringer.

LL: I haven't heard of him.

GF: He was a very, very courageous man. We had admitted people who were refugees from the Nazis really, and they posed as psychiatric patients, and he was hiding them there, and he refused to send the people to the state hospitals because we knew they would be exterminated [emphasis added].

LL: Yes, that's what I was studying a lot about, the so-called euthanasia or killing program, when they killed thousands of people.

GF: Well, I have very little idea of what went on in them because I was only, I wasn't working, because as an American citizen I couldn't work. I didn't want to, I would lose my citizenship. I just did some volunteer work for the professor. But otherwise I have no idea of what went on there.

LL: What year did you volunteer with him for?

GF: It was from '44.

LL: By then it was pretty common knowledge that the mental patients were being killed, wasn't it?

GF: Yes, yes.

LL: So you knew not to send them to...

GF: (interrupting): Well, yes, of course, it was common knowledge but everyone kept pretty quiet about it. It wasn't supposed to be common knowledge, but it was common knowledge. You know what I mean?

LL: Ya, I understand.

GF: If you wanted to know--if you had your eyes and ears open, you knew. I knew especially because we listened to foreign broadcasting....This pretense that nobody knows. If you didn't want to know, you didn't know. Otherwise you knew.

LL: A lot of the psychiatrists, of course, were not like this professor and they participated in transferring patients. I don't have to tell you that, and it's my feeling from what I've read...

GF: (interrupting): Of course, some of them we had

to transfer [emphasis added]. There was, you know, review boards and so on, but that was done as little as possible. As a matter of fact, the whole basement was full of double bunks just to keep the patients at the university clinic.

LL: This was at the University of Freiburg clinic?

GF: Yes, yes.

. . .

LL: At that time were you a student or a volunteer or what?

GF: I was a volunteer....

LL: Was Behringer in charge of the clinic?

GF: Yes, he was the director. Of course, you know what always is said is that he had to belong to the [Nazi] Party. But he had to belong to the Party, or else he would have been booted out. If he would have been booted out, a Nazi might have come in. So he belonged to the Party. All professors did [emphasis added].

LL: How many people were transferred...?

GF: I can't give you that in percentage. Some yes, some had to be....

LL: Was it a matter of hundreds, or thousands?

GF: No, never. I wasn't there long enough. I was only there for a few months.

LL: It was going on for many years before '44, wasn't it?

GF: I can't tell you exactly when it started.

LL: But you didn't do any volunteer work before '44?

GF: No, I was in medical school. I graduated in '44.

LL: And then you did this volunteer work. Was it therapy you did?

GF: Yes, in his private unit I did some therapy.

LL: While you were in medical school, were any of your professors in favor of this program?

GF: Oh yes. There were some on the staff who were really really Nazis.

LL: Who were they?

GF: Well, I don't think I could give you names now. One name was Jansen, I remember. There were even more Nazis. I can't remember the names, you know. But there were Nazis, yes.

LL: Did they put any of them on trial after the war for transferring the mental patients?

GF: I don't think anyone was put on trial for transferring, because that was governmental regulations, you

know. The patient didn't improve after a certain period of time, he was supposed to be transferred, and you had to go through all kinds of things including long records, it was a whole thing in order to keep them.

LL: Where were they transferred to?

GF: That was called Emmendingen.

LL: Were they killed there?

GF: I don't know. I never knew what happened to the individual patients, but it gradually became common knowledge.

LL: That they never came back?

GF: No, they never came back. Anyway, I don't know what happened to them.

LL: Have you read stuff, since the war, you know, about the people in charge like Max de Crinis, Carl Schneider, people like that?

GF: Oh ya, I've read about them.

LL: During that period did you know about?

GF: (interrupting): No, no. But that is not research, you know, you ask me personal questions. How will you use that for research?

LL: I'm trying to get at the truth....which has been covered up.

GF: Well, I think it is now very much common knowledge.

LL: And I think that very few of the people responsible for it have been held responsible.

GF: Whom do you hold responsible, you know, if these people had to comply with government regulations? You know, in our country it starts too. We get orders, and we are told what we are supposed to do with our patients, and if we don't do it, they are cut off from insurance, you know. It was never official knowledge. Nobody was supposed to know what happened to these people. But you know that they were killed. I didn't know at the time. That I did only know later after the war. But I knew that these were rumors.

LL: You said earlier that people who wanted to know knew that the rumors were true.

GF: Ya, ya.

LL: And I think that people have to make a decision at some time, and it might mean their job, maybe it'll even mean their life....

GF: I think this professor was very courageous. There were all kinds of things we tried to do to save people. We had once a Russian refugee who had multiple sclerosis. The child was left behind in one of those terrible camps where the Germans imprisoned the Russian

refugees. And we admitted the kid with the mother and gave her a diagnosis of petit mal [epilepsy]. But, of course, that's not the usual story.

LL: What's the usual story?

GF: I don't know....People whom they were declared hopeless, they were transferred to state hospitals and that they didn't come out.

LL: That's what happened. Karl Brandt and Viktor Brack admitted at Nuremberg that they killed 60,000 and they probably killed five times that many.

GF: This was all based on inheritance and so on. Inferior genetic material had to be eliminated. [emphasis added]. So you know the story. That's how they did it.

LL: What do you think of genetics?

GF: Well, of course, now it's popular again. For a while, research was at a minimum because of Nazi Germany. Everyone was afraid to do research....

LL: But it is a dangerous area, huh?

GF: Ya. But these are all very difficult questions because of the negative selection process and the epidemic mental illness that is now, and we don't know what to do with our own patient population [emphasis added]....And when a country is on the verge of a collapse, and they resorted to these terrible, terrible methods.

LL: I'm not sure I understand. You said negative selection process?

GF: Well, now you know you can keep the schizophrenics functioning. They marry. They have children. That's what I mean by negative selection. And the genetic component becomes gradually a part of the general population. [emphasis added].

LL: You think that's what's happening now in this country?

GF: I can't prove it, but it might have something to do with the tremendous increase in mental illness.

LL: You were referring to the United States when you said there was epidemic mental illness?

GF: In the whole world I think....

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GERHARD K. COTTS

APA Biographical Sketch

b Berlin, Ger, July 4, 07. Educ: Friedrich Wilhelm Univ, MD, 33. Int: Second Univ Hosp, Berlin, 32-33. PG Training: Res pharmacol, ther & allergy, Tulane Univ. L: Va. Past Prof Exp: Asst supt, St Hosp, Las Vegas, NMex & exec dir, Devereux Schs, Devon, Pa, prior to 47; clin dir, St. Training Sch, Lynchburg, Va, 46-48; dir ment hyg clins, Roanoke, Lynchburg & Danville, Va, 46-49; dir, Montgomery County Ment Hyg Clin, Rockville, Md, 54-55. Pres P&A Activ: Staff mem, Fairfax Hosp, 62-; pvt pract, 47- Type of Pract: FT Gen psychiat. Mem: Am Asn Univ Profs; Am Soc Pharmacol & Expt Ther; Soc Gen Systs Res; AGPA. Mailing Add: 333 S Glebe Rd Arlington VA 22204 Tel: (703) 979-3223. (11)

A few months before the following interview with Dr. Cotts I had a shorter telephone conversation with him in which we discussed "comparative psychiatry" and genetics. He told me then that he had taught in Strassburg, France from 1933 to 1935, after which time he came to the United States.

. . .

LL:* I noticed that you were at the Lynchburg, Virginia State Training School.

GC: Right.

LL: In regard to the policies that were carried out there, I noticed that there were a lot of sterilizations done there.

GC: Right.

LL: I was wondering what you thought of that and how that was effected. I saw that you were the clinical director there from 1946-1948.

GC: Right. What is your question?

LL: Well. How many sterilizations were done, for

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* Telephone conversation of November 16, 1982.

example, during that period?

GC: I have no idea. I have no idea. I had not all that much to do with that school because I had at the same time an assignment to set up and conduct a series of mental health clinics in the central part of Virginia. In other words, sterilizations were handled by the superintendent and assistant superintendent. But they were common in Virginia.

LL: Ya. I read an article in the New York Times saying that they were very common at that time. (See 1980 in the chronology in Chapter 4.)

GC: I do not know. I do not know. They had a very strong psychology department. As a matter of fact, for a while they had only one psychiatrist in the whole institution, and that was the superintendent. Before I arrived, there had been a superintendent who was a physician in Lynchburg and did some psychiatry on the side.

LL: What was his name?

GC: Arnold. I never met him.

LL: Arnold was his last name?

GC: Arnold was his last name. I don't know his first name.

. . .

LL: Who was the superintendent while you were there?

GC: His name was Harrell.

LL: How do you spell that?

GC: H-A-R-R-E-L-L, I think.

LL: Who did the sterilizations at...

GC: (interrupting): Tell me. What are you after?

LL: Well, I'm just trying to get an idea of the period and...

GC: (interrupting): Period in what? In what field?

LL: In psychiatry.

GC: Oh, in general, in psychiatry.

LL: I'm very interested in the history of psychiatry. I was doing research and came across this article in the New York Times--that sterilization was used in such a vast way. And I remembered that I spoken to you and that you had been at this school.

GC: They had, from a practical viewpoint, as I understood it, as I saw it there, was, it allowed a good many of retarded people to leave the institution either part-time or full-time and have jobs. Whereas, when they were not sterilized it was common that the girls would be-

come pregnant over and over again and the men would impregnate people. So their rationale was, in general, apparently to allow the patients greater freedom that way. That's the way I understood the local philosophy, I think the Virginian philosophy of the sterilization.

LL: You were listed as the clinical director of that school?

GC: Right.

LL: So, didn't you have any decision-making power as clinical director?

GC: No, I was actually the acting [Cott's emphasis] clinical director. My main job was regional director of mental health clinics. That's the way they set it up in those days. And the decisions were made--I really don't remember--the decisions as to who would be sterilized or when they would be sterilized.

LL: Ya, I was wondering how the whole process took place. I read that there were thousands of people who were sterilized at that state training school over a period of a few decades. And I was wondering how that happened.

GC: Right. As I remember it, the fact that people were sterilized was well known in Virginia. In other words, it wasn't kept a secret.

LL: Ya. I'm sure at that time. And then people kind of lost track of it, and then it came up again in this article I saw. But I don't think that most people now know it was so common unless they've read these recent articles.

GC: Right. Right. I got the impression that they considered themselves quite advanced by doing sterilizations. The sterilizations, of course, were authorized by Richmond--I mean, in general, that was the Department of Mental Hygiene and Hospitals. It probably still is called that. So apparently the feeling was that they were that way more liberal because they could give the patients much greater freedom. They didn't have to segregate them that much. They could give them part-time jobs. They could become newspaper boys and they could become maids in homes in Lynchburg or somewhere else in Virginia, and so on.

LL: I see. Did you agree with that philosophy?

GC: I don't know. I do not know. I think it's very hard to say. After consciousness has been raised, you know, and after people have looked into new aspects of things like experimentation on patients or sterilizations and so on, one later on has a lot of different ideas. But my main preoccupation was that how run down the state

institutions were, how understaffed they were. That was much more a matter of concern, how we didn't have the facilities that the patients should have had. That was really the main preoccupation of the staff. No trained attendants, not the way we have them today.

LL: Did you perform sterilizations yourself?

GC: No.

LL: You didn't perform any?

GC: No.

LL: How did they decide which doctors would perform the sterilizations?

GC: Sterilizations were done by surgeons from town, as far as I remember it. In other words, it's a surgical operation.

LL: One thing that struck me too was that psychiatry and doctors in Germany sterilized so many people who were mental patients and who were labeled "mentally ill" and "mentally retarded" in the Nazi period.

GC: Right.

LL: And I see that as a similarity between the two. I was wondering what you thought of that similarity.

GC: I never, I think that's a very forced similarity. You could link two things together by most anything.

LL: Why do you think it's so forced? I mean there were psychiatrists and doctors who did the sterilizing in Germany, weren't there--in the early '30s?

GC: Well, I don't know. I don't know who did it, and I don't know what their philosophy was. But I don't know what you are driving at. I don't think you make yourself clear enough.

LL: Well, I'm trying to make it clear. To me there's a similarity between the psychiatric methods of sterilization of people labeled "mentally retarded" and "mentally ill" in Nazi Germany in the period from 1933--I guess most of the sterilization happened from 1933 until 1936 or '37*--and, in this country there have been not quite as many, but there have been tens of thousands of sterilizations of people who have the same labels.

GC: Ya.

LL: To me that's similar. How do you see that not as being similar. To me it's a very clear similarity.

GC: Well, I don't know. I haven't given that that

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* Actually between 1933 and 1939 approximately 375,000 people were sterilized under the 1933 Nazi Act for Averting Descendants Afflicted with Hereditary Diseases.

much thought. But I would say that from all that is known about dictators, the dictator decides. Hitler decided, Stalin decided that people that didn't belong should be eliminated in one way or the other. They would either be killed or they would be sterilized so that they wouldn't propagate themselves. Whereas, as far as I understood the situation in Virginia the idea was, and I wasn't there when it was originated--I think it originated in the '20s actually--and that the idea was to not handicap these people just because women could become pregnant or because men could impregnate women. You know, so that they had greater freedom. So that would seem to me to be a great difference.

LL: Well, I think that--first of all, Hitler didn't make the decisions. The people in Nazi Germany who made the decisions were psychiatrists who were advisers to Eugenic Courts. So they were made by people who were trained as psychiatrists and as doctors.

GC: Uh-huh.

LL: OK, so that I see as a similarity. And also, behind it was the idea that people who are labeled "mentally retarded" shouldn't propagate. And psychiatrists and doctors were making that decision. So, how is that different?

GC: I don't know. As I know authoritarian countries, what I understand about them, the doctors don't, on their own initiative, institute large scale movements of this type. That comes from above, and probably quite directly. So I don't know where you get the idea from this that psychiatrists sort of, on their own, decided to sterilize.

LL: I didn't say that they did it on their own. I said that they were the ones who made the decision in each case.

GC: You mean in each case?

LL: Ya, in each case of sterilization. Now, I've tried to do research along those lines, and I think you can argue either way, whether and how much comes from above. But still, whether it comes from above or not, people carry out their orders.

GC: Right. Right.

LL: So I think that they did carry out whatever instructions they had. They did serve as advisers on the Eugenic Courts. One thing I was wondering was--you were educated yourself in Germany, right? and got your degree in 1933?

GC: What about it?

LL: I was wondering if that was before or after the Nazi takeover?*

GC: I'm wondering what you are after. You still haven't made yourself clear, because you're becoming quite personal and moving in a certain direction which I don't understand.

LL: Well, you mean you don't want to answer that question?

GC: I don't know how much interviewing you have done. Have you interviewed a lot of people?

LL: Several, ya.

GC: How many?

LL: Oh, I'd say 5 or 10.

GC: What kind of people--psychiatrists or what?

LL: Mainly psychiatrists, ya.

GC: Who else?

LL: Psychologists.

GC: And what kind of group are they? How did you select them?

LL: People who had been, psychiatrists who had been--a few criteria--one would be psychiatrists who were educated in Nazi Germany and who came to this country.

GC: Right.

LL: That's one reason that I'm interested in speaking to you.

GC: Oh ya, why? Why the German educated ones, I mean? What is your thesis that you're working on? As I understood it, you wanted to know how psychiatry worked several decades ago in this country. Is that right?

LL: Well, I'm interested in a few areas. One is how psychiatry worked in this country and also how it worked in Germany in the Nazi period.

GC: Are they related these two?

LL: It seems that they are. We just talked about one relationship. It seems like sterilization was a practice common to both of them. You were educated in Germany and you're here now. So it seems like the education one receives is transferrable from one country to the other.

GC: Well, these are certain cultural influences. I was educated in the democracy of Germany, not in Nazi Germany. Would you mind spelling your name?

LL: Ya, L-A-P-O-N

GC: What is your first name?

LL: Lenny, L-E-N-N-Y.

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* Hitler became Chancellor on January 30, 1933.

GC: And who are you affiliated?
LL: I'm an independent person doing some research.
GC: For what purpose?
LL: To find out the truth and gain knowledge about it.
GC: Do you plan to publish?
LL: Perhaps.
GC: I had the feeling that you were affiliated with a university or college.
LL: I told you that I was working as a part-time teacher.
GC: Where do you live?
LL: Philadelphia.
GC: And would you mind giving me your phone number?
LL: Well, why do you want this? I don't understand why you want all this information.
GC: Well, it's too one-sided, you see. You come not identifying yourself as who you are, as a private individual apparently, not making clear with conviction what your motivation is, and start interviewing me. And I'm used to being interviewed off and on by academic people. So I do that. I might do it by mail, or over the phone or personally. So you come really completely anonymous, as a completely anonymous person, and so I feel you should at least identify yourself to the point where you give your name, address and phone number and where you're teaching.
LL: OK, I think that's fair. My address is 4914 Knox St., Philadelphia, Pa 19144.
GC: Where are you teaching?
LL: Community College of Philadelphia.
GC: Good, I don't know if you realize it--I feel that my questions are quite justified on my part--you actually handicap yourself by being anonymous, you know, calling strangers.
LL: Well, I told you my name right away. It wasn't like I was hiding who I am. That was the first thing I told you.
GC: That's right.
LL: I am just trying to find out information from people who were involved in the period.
GC: Ya, but you are really talking about two different periods that are not, in my opinion, particularly related. That is, how psychiatry as you keep saying--you said it earlier today again--how psychiatry was in the '30s or whenever in this country. Then you make a switch and talk about psychiatry in Nazi Germany. So you must have

your own private hypothesis or theories and so on, that you're trying to pursue.

LL: Well, doesn't everybody?

GC: Ya, but everybody in interviewing people, lets them know what the basis of the interview is.

LL: Well, my theories aren't so private. I do have theories which--I just told you one of them, that there's a similarity between the sterilizations in Nazi Germany and the sterilizations in this country. I told you one of them. Now I also find--to be very honest with you--I was afraid and I am afraid, in speaking with people with whose practices I disagree, that if I said everything all at once, that they wouldn't talk to me.

GC: Right, but...

LL: (interrupting): So I think that I have the right in pursuing the research to ask the questions in a different order than you might prefer.

GC: Well, that's an ingenious way of putting it. What you're actually doing is, you're withholding information.

LL: Withholding information?

GC: That's right. You say otherwise that people would know what your approach is, what you're after, they wouldn't talk to you, and that's a good point.

LL: But I think that would come only from an unwillingness on the part of the person to look at what they're doing and what they're a part of.

GC: I think if I would ask you about your background and your sex life and your private life and whatever happened to you in your training and so on--as a stranger over the phone, giving some kind of name, you would be quite unwilling. At least most people would.

LL: I'm not sure that I agree with that. And I think that when a person is working as a doctor, and they are doing things that affect other people, that for the public to be interested in that, for researchers to be interested in that isn't the same. I don't care what your sex life is. I'm not interested in your sex life. I'm not asking you that. I asked you questions about what you did as a doctor in an institution that was supported by state funds. I think there's a big difference, right? I mean I'm not asking you personal questions.

GC: Ya, well, I have to stop talking, you know. But I'd just like to point out to you that the work that I did was essentially as a major assignment and a quite original one, was to start the first group of mental health clinics in Virginia. And the headquarters in what was partly I think for financial reasons, to finance this, was in

Lynchburg State Training School. The actual work was done, the local work was done essentially by an assistant superintendent, a superintendent and whatever psychologists....All right, thanks a lot.

WERNER WELZ

With Dr. Werner Welz, as with Dr. Gerhard Cotts, I had a short telephone conversation several months prior to the one appearing here. (We first spoke on February 23, 1982.) "Comparative psychiatry" again was the main topic discussed in our first conversation. Welz was not listed in the 1977 APA Directory, but had the following entry in the Directory of Medical Specialists 1981-1982,

Cert P&N (P) 56. b 21 Berlin Germany. MD U Hamburg (Germany) 45. Intern 45-56 Res 46-50 Scientific Asst 50-51 (Psy & Neur Clin Hamburg U Germany) Trustee Phys (State Health Insurance Hamburg) 51 Intern (Columbus Hosp Chgo) 52-53 Psy (Chgo State Hosp) 53-55 Asst Chief Psy Ser & Dir Psy Pension & Compensation Exam Unit & Ambulatory Care Center (VA Med Center Phila). Clin Assoc Prof Psy & Human Behavior (Jeff). Lt Comdr MC USNR 55-57 (Naval Hosp Phila) 1421 Cherry St 19102 Tel-(215) 597-0100.(12)

. . .

LL:* I came across what was called the Euthanasia Program in Germany and am trying to get information on that.

WW: I really don't know anything about it myself and I think some of it is propaganda.

LL: You think it's propaganda?

WW: Well, not all, but it might be distorted by propaganda, but I don't know. I couldn't help you with that.

LL: To what extent do you think it was propaganda? Whose propaganda?

WW: Anti-German propaganda and I don't like to be identified with anything anti-German. Of course, there's some truth to it, but I think some of it has been exaggerated. But I'm sure there's enough reliable and so on literature on that. I can't give you anything on that.

LL: To what extent do you think it did happen, from

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* Telephone conversation of June 21, 1982.

being there yourself?

WW: Well, I couldn't tell you...there may have been some of that in very severely impaired individuals, but I think you have to consult other sources.

LL: Were there patients being transferred from the clinics at the University of Hamburg while you were there?

WW: No, no. I went there pretty much toward the end of the war and as a resident only.

LL: In my reading, I've read that people were being transferred from just about every institution.

WW: Well, it's been claimed, but I have someone here now, I can't talk now, OK?

LL: That's too bad. When would be a good time to call?

WW: I couldn't give you any information on that because I really have not looked into it and not from personal experience. It's not my field anyway.

LL: I'm just trying to get your impressions from being there at the time. In my readings there are different claims as to what people knew and didn't know.

WW: Well, nothing was known to me. That doesn't mean anything; it could be concealed, of course.

LL: I was also wondering who amongst the faculty at the University of Hamburg was involved, since all the universities had some psychiatrists who were involved with the Nazi Party.

WW: No, not the universities, no.

LL: Sure. Max de Crinis from the University of Berlin was one of the leading...

WW: (interrupting): That may have been one but that's the only one.

LL: Carl Schneider.

WW: No, he was not obviously.

LL: Carl Schneider was not?

WW: No, no.

LL: Yes he was. He was one of the so-called expert consultants who received the questionnaires on the people who were killed.

WW: If that's the case, then you know more than I do. I have someone here. I can't talk about this now and I don't care to talk about it either. Anything that has to do with psychiatry, well all right.

LL: You don't think this has to do with psychiatry?

WW: Well, it may have to do with what you're interested in, the history of psychiatry, yes, but this is not an area, eugenics, that I'm interested in. There were many sterilizations also in many states of the United States also. I was a young man, a boy at the time. I had no

awareness of this. I was not interested in it either....I have someone here though.

LL: One more question. Don't you think it's an area where people, both psychiatrists and people who were citizens of Germany have to look at what happened and have to take some responsibility for it?

WW: No, that's the communist system. That's the totalitarian system. You take only responsibility for what you did, not for what someone else did or the people you elected. I didn't elect anyone. So that's my feeling about it. Naturally, I'm against it like everybody else would be who's a reasonable person.

LL: What about the involvement of psychiatrists? So many psychiatrists were involved in it.

WW: Well, I can't tell you. I wasn't a psychiatrist then, and I wasn't even a doctor then. So I don't know. Look I have a patient here now. I can't talk anymore.

HERMAN OPPENHEIMER PINEAS

APA Biographical Sketch

b Duesseldorf, Ger, May 6, 92. Educ: Wuerzburg Univ, Physicum, 13; Med Sch Berlin, License MD, 17. Psychiat Res: PN, Munic Hufeland Hosp, Berlin, 20-31; psychiat, Pinewood Sanit, Katonah, NY, 47-51. L: NY, Past Prof Exp: Clin dir OPD, Hufeland Hosp, 28-31; ch dept PN, Jewish Hosp, Berlin, 39-43; sr psychiatrist, Pinewood Sanit, Katonah, 47-51; ch neurol treat div, VA OP Clin, Brooklyn, 67-69, Pres P&A Activ: Retired. Mem: Am Acad Neurol; AMA. Orientation: Organic, neurol; eclectic. Prof Interests: Indiv psychother; neurol; psychiat & relig. Mailing Add: 310 W 72 St New York NY 10023 Tel: (212) 787-1783 (13)

I first talked with Dr. Pineas on the telephone and then upon his invitation interviewed him at his home in New York City as indicated below.

1. TELEPHONE CONVERSATION

LL: My name is Lenny Lapon, and I'm doing research on psychiatry in Germany. I came across your name in the library, that you had been in Germany as a psychiatrist.

HP: That's correct.

LL: I'm especially interested in the period during the war.

HP: Well, up to March, 1943 I was chief of the neuropsychiatric department of the Jewish Hospital in Berlin, and then I turned underground because I'm Jewish, and lived for more than two years underground in Germany.

LL: What was it like practicing psychiatry in Germany during that period?

HP: Well, there wasn't much of it, I mean, either you were in a hospital or you were treated privately by a private psychiatrist. Some people, for instance, I, myself, had my position at the Jewish Hospital and I had my private practice until March, 1943 in Berlin.

LL: How was it possible to work all the way up to

'43? I had thought that a lot of Jewish people couldn't practice so long.

HP: Well, due to my position. You see, there had to be--I was head of the department, and the Nazis respected that.

LL: What was it like at your hospital during those years in the late '30s and early '40s?

HP: Well, I mean, the Gestapo came every two or three weeks to my department and selected some patients for deportation without consulting me.

LL: Where were they deported to?

HP: To the concentration camps, of course.

LL: How many patients did they take?

HP: Well, it depended on--they had to fill a certain quota. So sometimes it was two or three, sometimes it was just one or two.

LL: How many patients were there at the hospital?

HP: Altogether? Well, it was a general hospital.

LL: Oh, I see. How many psychiatric patients were there?

HP: I should say about 20.

LL: When did you start working at that hospital?

HP: In 1939.

LL: Another thing that I came across during that period was what they called the Euthanasia Program.

HP: Well, that had nothing to do with this hospital. That was something else. One of my wards,...I had a patient, a Jewish patient, who was considered to be schizophrenic, but actually he wasn't. But just the same he was sent to another hospital where they were destined for castration. That other hospital was Hadamar.

LL: And he was castrated there?

HP: He was castrated there, yes.

LL: I came across the name of Hadamar and the fact that many mental patients were killed there.

HP: Yes.

LL: Do you know much about that? What were your impressions at the time that this was happening.

HP: It depended on whether you were Jewish or not, I mean, the non-Jews didn't have much to complain of, but it was very difficult and extremely frightening for many Jews to live there. Where do you come from? Are you a native American?

LL: Ya, I live in Philadelphia. As a matter of fact, I'm Jewish also. My grandparents are from Eastern Europe. In my readings I've come across the fact that most of the mental patients who were transferred under the Euthanasia Program were not Jewish.

HP: I wonder if it wouldn't be possible for you to come and visit me sometime....It would be much easier for me to give you more details about these things.

2. Interview at Dr. Pineas's House (January 11, 1983)

. . .

LL: What was psychiatry like in Germany during the Nazi period?

HP: Psychiatry in Germany hadn't changed much during the Hitler period. I mean, it went on independent whether you were in a state hospital as a doctor, a staff doctor or whether you were in private practice or both. It went on all through the Hitler regime too. There was no essential change in the practice of psychiatry.

LL: Something that I was particularly interested in is what was called the Euthanasia Program.

HP: I see, ya, ya, ya.

LL: You know, where they were killing mental patients.

HP: Sure, I know what you mean. In fact, one of my wards, I was guardian of a young man, a Jewish man, and he was taken to Hadamar, the state hospital Hadamar which performed these castrations on people who were not supposed to have offspring...though it turned out by Professor Kleist of Frankfurt that he did not have schizophrenia. The diagnosis was wrong, but just the same they just went about it and castrated him. What happened to him later on I do not recall, because later on I left my station in Germany and lived for more than two years underground, meaning under a false name...I was chief of neuropsychiatry at the Jewish Hospital in Berlin, and originally I was a neurologist, but in 1942 the Nazis ordered all Jews who had to be institutionalized in hospitals had to be admitted to my department in Berlin. It was true for all Jews from Germany and Austria. So my department was, of course, the biggest of all the hospitals. The Jewish Hospital was open all through the war for the Jewish partners of so-called mixed marriages. The Jewish partners of mixed marriages were not allowed to be admitted to any other hospital than to me.

LL: I see.

HP: And that was, of course, followed as most of these orders and regulations of the Nazi Party were followed. What I myself experienced in Berlin was every two or three weeks--I think I told you that already--the

Gestapo came and selected two or three, according to their quota, patients of mine, without consulting me, for deportation.

LL: Did they have forms? My understanding about the Euthanasia Program is that when they transferred people to be killed, they used special forms. Did they have forms like that for your hospital, when they took patients?

HP: No. They did not take patients from my department for euthanasia. This other patient of mine was a private patient, and I was his guardian, his legal guardian.

LL: Where did they take them from for euthanasia?

HP (Pausing): Oh, I remember now. This man was just castrated, he was not killed. I'm thinking of my private practice, another one. The first one, for whom I was guardian, he was Jewish, but the other one I am thinking of, he was suffering from epilepsy, and he was just castrated by order of so-called Erbgesundheitsgericht. You don't know exactly what that means. When I translate it, it means the court to eradicate hereditary diseases.

LL: Yes, I've read about them.

HP: You heard it, and an assistant of mine was one of the judges, as a doctor.

LL: What was this doctor's name?

HP: His name was Rehwald, R-E-H-W-A-L-D. I don't know whether he is still alive or not. He was a gentile.

LL: And he was a judge on that court?

HP: ....Every court...had a physician as an expert to judge whether that disease was actually hereditary....

LL: I see. In researching the so-called Euthanasia Program I saw that Karl Brandt, Hitler's physician, was one of its leaders and Viktor Brack. Are these names familiar to you?

HP: Brandt, oh yes. I remember that name, sure.

LL: And there was a psychiatrist Werner Heyde.

HP: Oh yes. H-E-Y-D-E.

LL: Right.

HP: He was professor in Würzburg in Bavaria.

LL: Right. Did you know him?

HP: I know only about him, I didn't meet him ever. And I know the name of that transport firm which transported people to the, uh, hospitals....The name was Gemeinnützige Transportgesecher, meaning, you understand what it means? Gemeinnützige, "for the benefit of everybody", was the interesting name. Gemeinnützige, meaning, so to say, non-profit organization. And it was located on Potsdamme Place 1 in Berlin.

LL: Could you tell me more about that program, how it was administered?

HP: Well, I mean, first of all, how the patients were selected? It may be that, I think, if I remember correctly, the physicians who treated those patients in private or sick fund practice had to report them to the authority, that they were suffering from a hereditary disease. And these names were then followed up and then eventually they were notified that they had to appear at a certain date at a certain time at the office of this transportation firm and from there they were shipped to the hospitals and there they were killed, and the diagnosis which was sent to the relatives of those patients were diagnoses with innocuous sounding names as the cause of their death. It was never published or admitted that they were killed. Never.

LL: Did people know that they were being killed?

HP: This is a very difficult question to answer. I mean, some people certainly did know. I mean, there really were Nazis in these organizations which administered these laws and regulations. In fact, you see, that a pretty good percent of German people didn't know anything, that is nonsense. Of course, they did, especially, for instance, when it comes to the program of concentration camps, what happened there. First of all, the guards, when they came on leave back to Germany, they told about it, though, of course, it was forbidden to tell anything...but they did it just the same. They just spoke about it...it was in a way kind of a burden on their consciences, what happened in the concentration camps. And in the hospitals when the attendants of the patients were on leave or so, they would talk about it at home. So there was some knowledge about it. But not too much. It was not really a very well kept secret....

LL: What about in the psychiatric community? The patients were being transferred from psychiatric institutions. Do you think it was very well known in the psychiatric community?

HP: Pretty sure.

LL: Do you remember when it was first brought to your attention?

HP: I think with this patient of mine whose guardian I was.

LL: Do you remember what year that was?

HP: Before that, well, I mean, I knew in a general way about it, that this would happen. And the second time was the other patient who was epileptic.

LL: Do you remember what year those were?

HP: '41 or '42, I'm not sure.

LL: From my reading I've seen that they started killing the mental patients in 1939.

HP: I don't think it came to my knowledge that early.

LL: What about other people like Max de Crinis? Do you know of him?

HP: I know who you mean, de Crinis. I think he was an Austrian professor. I don't think he was in Germany.

LL: Ya, he was at the University of Berlin.

HP: Maybe, but I have him in my memory as an Austrian professor.

LL: He was head of the psychiatry department at the University of Berlin.

HP: That was Professor Karl Bonhöfer, B-O-N-H-Ö-F-E-R. Karl Bonhöfer was head of the psychiatry department....He was a famous psychiatrist.

LL: Maybe de Crinis was head of the department after Bonhöfer...and de Crinis was at Charité Hospital.

HP: Bonhöfer was at Charité. And I also was at Charité before I started the other position.

LL: In what year were you at Charité?

HP: Only a short time, the end of 1919.

LL: So, long before the period we're speaking about.

HP: I was at the clinic of Charité, in the psychiatry department.

LL: What about Carl Schneider?

HP: Carl Schneider? Well, he was a famous professor. But whether he played any role in these killings of euthanasia, I don't think so.

LL: You don't think so?

HP: No, I mean, I don't know. I was fairly ignorant about that. I know only from his writings that he was a very good psychiatrist.

LL: I read that he reviewed a lot of the forms that were used to transfer the people, that he reviewed very many of them. I think he killed himself after the war.

HP: Maybe.

LL: Some of the psychiatrists who were involved killed themselves after the war. Did you hear about any of that? Were you still in Germany after the war or did you come to the United States then?

HP: I came here in 1946. Before that I was all through the war in Germany. I told you, most of the time, starting in 1943 I was in Germany under a false name until we were liberated by the American Army.

LL: Were you able to practice under the false name?

HP: No. In fact, I had several reasons to stay in hiding and to be very quiet and try not to be in any way visible.

LL: Were you still in Berlin?

HP: No. I was too well known in Berlin. That I couldn't risk. We went--first I went to Vienna...and then to southern Germany...and we were sheltered by Protestant partisans in southern Germany. And that went on until July, 1944. That was the time of the the third assassination attempt at Hitler in July of '44. Then it became too risky for the partisans to shelter us....So what did I do? I accepted a position as a traveling salesman in Germany, what they call here an expediter for a small tool factory in Germany, in a small Bavarian town in southern Germany....

LL: Dr. Pineas, tell me. In March, 1943 when you went underground, how did the change happen, that they allowed you to be at the hospital until 1943 and then...

HP(interrupting): I just left it.

LL: Did something happen?

HP: Two days before I left Berlin for Vienna we had been arrested for deportation, my wife and I. But due to the intervention of the Gestapo I was released again because there had to be a chief of the department, a Jewish chief. But that was for us a signal to leave now, because one must not leave too early and not too late. There were some people who tried to flee and it was too early and they were caught. And also people who tried too late were caught. But in Berlin, the assumption is there were about 2000 Jews living in hiding under the Nazis.

LL: Why was it important for them to have you as the head of the department until '43?

HP: Somebody, not just me. I mean, I was recommended, I had a good training. So from one day to another, when the order came, we just had to accommodate to it. We established a psychiatric ward in a hospital which was not fit for it actually....

LL: When did you start at that hospital?

HP: In '39.

LL: Do you remember what month it was?

HP: First of July, 1939.

LL: Before the war began. Getting back to the Euthanasia Program, do you know of, in your area or the rest of the country, but especially in Berlin, which institutions were used more than others?

HP: Besides Hadamar, no. Hadamar is, at the moment, the only one I know. Maybe somewhere you could find a note about it, when it started. But I think that is

well known or fairly well know, when these things started.

LL: I read a book by Simon Weisenthal. Do you know Weisenthal?

HP: By name.

LL: He wrote about Hartheim which was another killing institution.

HP: Hartheim? Maybe.

LL: It was one of the other ones. Also I read that at least 10,000 people were killed at Hadamar, just at Hadamar.

HP: So that gives you an idea how many altogether.

LL: Ya, very many.

HP: You see, this young man whose guardian I was, he was re-examined later, after he had been in Hadamar...(hesitating)....No, that cannot be. He must have been killed. I'm not sure what happened to him. I said before I'm not sure whether he survived or not. So before he was killed at Hadamar, he was re-examined by Professor Kleist, the chairperson of the Frankfurt department of psychiatry. And he diagnosed this boy as not suffering from schizophrenia. And he was killed, I'm pretty sure.

LL: Do you know any specific psychiatrists who participated in the program besides the ones that we mentioned so far?

HP: It is more or less by chance that I know about anybody who was participating in the court procedures, just this one assistant of mine.

LL: I also read that they had some meetings where they called together some people from the universities--some psychiatrists and professors--in the beginning, in 1939 and 1940 and throughout the program, to instruct them who was to be transferred and to instruct them about the forms and the methods.

HP: Well, I certainly did not participate. Jews were not allowed, were not invited to know about that.

LL: Did you know about the meetings?

HP: No. I have no memory of that.

LL: There's something I don't understand. So as far as you know, the Gestapo, when they took people from your hospital, they took them to concentration camps as opposed to taking them to places like Hadamar, Hartheim and Sonnenstein. Especially in 1939 and 1940, I thought they would take Jews very quickly to be transferred.

HP: Well, I can only guess. I don't know. I mean, Jews were to be killed anyway....But if I remember right, as Dr. Rehwald told me, the court procedure was very proper and according to general rules and regulations.

There were no so-to-say kangaroo courts.

LL: Do you remember if they took any people in that first year, 1939? Did the Gestapo take people in '39?

HP: First of all, the rule that all patients from Germany and Austria had to be admitted came in '42, not in '39. In '39 there was not a psychiatry department in my hospital.

LL: So in '39 you were in neurology?

HP: Only neurology before then.

LL: The sterilizations began in 1933. As soon as Hitler came to power, the sterilizations began, didn't they?

HP: Ya. In fact, this epileptic, he was not castrated. He was sterilized, he was not killed. And it was very tragic....I would say, between the sentence that he had to be sterilized and the performance of the sterilization itself, it took months, so in between he could sire a number of children without any interference on the part of the authorities. So they were not very consequential, these procedures.

LL: But the sterilizations were very extensive, right?

HP: Oh, yes. I mean, the knowledge of the sterilizations was fairly well known.

LL: There was a public trial?

HP: That I don't recall. As I said before, if you made the diagnosis of a hereditary disease, you had to report it. So they collected the names of these patients.

LL: So that applied to all doctors and all psychiatrists?

HP: That's right.

LL: So you had to do that yourself as well?

HP: Ya.

LL: What diseases did they consider hereditary?

HP: Huntington's Chorea is one of them. Did you have psychiatric training?

LL: I studied counseling. What were some of the psychiatric diagnoses that they were sterilizing for?

HP: Well, even schizophrenia.

LL: How did you feel, as a psychiatrist, to do that, to give a diagnosis of schizophrenia, knowing that the person would be sterilized?

HP: Well, I was, of course, angry about it, very angry, but what could I do? I remember the most discriminating procedure was I was not allowed to go to public libraries anymore in Berlin....The employees said "we're sorry, but you can't come here anymore." The name of the library was Kaiser Wilhelm Academy.

LL: I read a lot about Ernst Rüdin, one of the

directors of the Kaiser Wilhelm Institute.

HP: Well, I know only about him, but he was one of those authorities who followed strictly the racial theories. You see, all these names have slipped my memory for many, many years, but they are still there. I have a very good memory for names.

LL: That's very helpful. I'm glad you do. Who did you study under when you were a student?

HP: I studied in Bonn, Würzburg, Munich and Berlin. You know it's different in Germany or in Europe from here. Here you go to one medical school and that's the end of it. In Europe, it's different, you frequent several universities.

LL: Who were some of your professors in psychiatry?

HP: In Bonn, I don't know, but in Würzburg it was Reichart. In Munich it was Kraepelin.

LL: You studied under Kraepelin? Of course, I've heard his name. He was very famous.

HP: Oh, ya, he was one of the pioneers in psychiatry. He coined the name of dementia praecox for schizophrenia. In Berlin it was Bonhöfer.

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FRANZ HORNUNG

APA Biographical Sketch

b Rastatt, WGer, Sept 29, 17. Educ: Univ Heidelberg, MD, 45. Int: Harlem Hosp, New York, 54-55. Psychiat Res: Brattleboro Retreat, Vt, 55-56; Wash Univ, 56-58. L: Ill. Past Prof Exp: Dir inpatient serv, Bliss Ment Health Ctr, St Louis, Mo, 60-62; consult psychiatrist, St Training Sch, St Louis, 62-63. Past Acad Appt: Instr, Med Sch, Wash Univ, 58-62. Pres P&A Activ: Pvt pract (FT), 63- Type of Pract: FT Clin solo pvt off pract. Mem: AMA. Orientation: Eclectic. Prof Interests: Indiv psychother; biofeedback; hypnosis. Publ: Auth, Asn of conditionality with degree of reaction-lag in psychiat patients, Science, 59; Changes in the photically driven EEG following ECT, 61. Mailing Add: 301 W. Lincoln Belleville IL 62221 Tel: (618) 235-1333 (14)

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LL:* I am researching psychiatry in Germany during the wartime period. I was wondering if you could give me some information on that period.

FH: Well, I was not practicing at that time....I only attended...psychiatric lectures during the war. But about the care of patients, I really have no personal experience about it, except I know it was essentially not changed. In the care for institutionalized patients I don't think there was any change....Our lectures were regular and the teaching continued in the last days of the war.

(Dr. Hornung said he was a prisoner-of-war in a U.S. prison camp)

. . .

FH: I think the psychiatric care, I can only give you the impression as a medical student, I don't think it was in any way particularly changed.

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* Telephone conversation of June 7, 1982.

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LL: I've been doing some reading on the killing of the mental patients, the so-called...

FH(interrupting): I have no, I have really no information because, as I said, I didn't work in psychiatric institutions during that time.

LL: What did you hear afterwards?

FH: ...That some mental defectives were collected in some institutions, but I don't know how this really was.

LL: Who was the head of the psychiatric department at the University of Heidelberg?

FH: The head? During the war?

LL: Ya.

FH: Professor Schneider. Carl Schneider.

LL: Did you have him for any courses?

FH: For lectures, ya.

LL: What was it like to be in his lectures?

FH: He was a good teacher. He gave good lectures, I'll say that. What else he may have done I have no idea.

LL: Do you remember what the topics were of some of those lectures?

FH: Psychiatry, clinical psychiatry.

LL: From what I've read, Carl Schneider was one of the people called experts or consultants, who reviewed the questionnaires of many of the mental patients who were killed.

FH: Really, you know more than I do, because I heard only that he committed suicide.

LL: Did you hear why he committed suicide?

FH: No.

LL: You didn't question why he committed suicide?

FH: No. No one talked about it.

LL: That's incredible.

FH: Incredible? No. If you knew the situation after the war, actually there was no communication, because he was in prison, an American prison....(Hornung's voice begins to get very soft).

LL: Could you talk a little louder? I can't hear you too well.

FH: I, I, you know, I, you have to call me back another time. I have several calls waiting. This is my time for talking to my patients.

HANS F FINK

APA Biographical Sketch

b Ostheim, Ger, Apr 26, 22. Educ: Univ Berlin, MD, 45. Int: Kreiskrankenhaus Reutlingen, Ger, 45-46. Psychiat Res: Univ Tubingen, 46-49; Long Island Univ, 53-54; Colo Psychopath Hosp, 54-55. PG Training: Neurol, Berlin PsAn Inst. L: Ore. Past Prof Exp: Asst physician, Hosp Brain Injuries, Tubingen, 49-52; head psychosom, Kinderkranken Haus, Hamburg, 52-53; supv PsAn, Krankenhaus Barmbek, Hamburg, 58-60; clin dir, St Hosp, Wilsonville, Ore, 60-64. Past Acad Appt: Instr, Colo Psychopath Hosp, 55-57, asst clin prof, 57-58. Pres P&A Activ: Assoc clin prof psychiat (vol) Health Sci Ctr, Univ Ore, 65- Type of Pract: FT (P) Clin solo pvt off pract; (S) Clin pract col; teaching/training; consult. Honors & Awards: Cert, Ger PN Asn, 50. Mem: AGPA; Int PsAn Asn; Ger PsAn Asn. Orientation: Psychol, PsAn. Prof Interests: Group Psychother; indiv psychother; PsAn. Publ: Auth, Developmental arrest as a result of Nazi persecution during adolescence, Int J PsAn, Vol 49 (1968): 327-329. Mailing Add: 2250 NW Flanders Portland OR 97210 Tel: (503) 223-0550; (503) 636-1410 (15)

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In the beginning of our conversation Dr. Fink told me he had no contact with "patients" while in medical school. When I asked him about the "Euthanasia Program", he began stuttering very nervously as he replied:

HF:* You know, uh, a-as I say th-there, you know, we, we certainly uh, uh, uh didn't know uh, nothing of this kind was presented publicly. I do think those were programs, you know, which ran certainly uh, in a, a somewhat secretive way and uh, uh, uh, you know, immediately after the war naturally there was a total revision of all, all those uh, uh issues and uh, uh, psychiatry was

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* Telephone conversation of May 6, 1982

really uh, uh, trying to go on in a, a, a pre-Hitler tradition.

LL: I had read that patients had been transferred from just about every institution to the killing centers. How could people not know about that?

HF: Uh, uh, but I uh, uh really do uh, you know, I, I do think at university hospitals or so on, I uh certainly would think they continued in their usual fashion, and I do think they were only selected at uh, uh, you could call it, uh state hospitals, you know, where, where those kinds of programs were enacted.

LL: Well, from the material I've read, a lot of the heads of departments of university hospitals took part in the program.

HF: Yes, uh, uh again as I say, I must say uh, uh, uh, uh, I, I uh, uh really at that time, uh, uh was a student and I certainly don't uh, uh, again as I say, we had no clinical experience....We just attended some lectures....

LL: They must have had eugenic lectures, didn't they?

HF: Yes, I think there were lectures about all kinds of degenerative illnesses.

LL: After the war, did any of the people from the University of Berlin that you know, did any of the psychiatrists get put on trial?

HF: I only know that the head of the department then committed suicide. He was also connected with the SS. De Crinis was his name.

(Fink said that he never had de Crinis as a teacher, but saw him occasionally at the University of Berlin where Fink received his MD degree in 1945.)

LL: How could that have happened? Why did psychiatry cooperate in killing tens of thousands of mental patients?

HF: I certainly am wrestling with the same question. I could also never understand the whole dimension of what went on.

LL: Were many people in the school members of the Nazi Party and in the SS?

HF: Not to my knowledge.

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BRUNO FRANEK

APA Biographical Sketch

b Berlin, Ger, Mar 7, 20. Educ: Friedrich Wilhelm Univ, Berlin, MD, 44, Int: St. Mary's Hosp, San Francisco, 50-51. Psychiat Res: Psychiat Clin, Vienna, Austria, 44-45; St. Hosp, RI, 51-53. PG Training: PN, Psychiat Clin, Tubingen, Ger, 45-48. L: RI, Past Prof Exp: Psychiatrist, RI Ment Retardation Prog, 57-61; consult psychiatrist, Ladd Sch for Retarded Children, 61-63; consult psychiatrist, Ment Hyg Servs, RI, 62-64. Pres P&A Activ: Ch PN, Kent County Mem Hosp, 72- Type of Pract: FT Gen, group ther. Mem: AMA; Inst Relig & Health. Publ: Auth, Selective filtering of EEG-frequencies 1:291 & Frequency-anal of bioelectrical currents 1:213, Z Naturforsch (B); Brain-electric functions during hypnosis, Arch Psychiat Neurol 181:360; C v Economo's myeloarchitectonic studies, Wien Z Nervenheilk, 2:173. Mailing Add: 4601 Post Rd East Greenwich RI 02818 (16)

Unfortunately I do not have as complete information from my telephone interview* with Dr. Franek as I do from the psychiatrists in this section. Significantly though, he said his professor for clinical psychiatry was Max de Crinis and that de Crinis taught with a "eugenic emphasis". Franek also said that de Crinis was chosen to be the head of the psychiatry department because of his Nazi Party affiliation.

In regards to the program for the killing of "mental patients", Franek said he didn't know about it until 1943 or 1944 and that "patients were not transferred from urban community hospitals but from curative state hospitals." He initially claimed that university people were not involved in the "Euthanasia" Program.

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* Conversation took place on May 7, 1982.

HANNAH LABUS KATZ

APA Biographical Sketch

b Berlin, Ger, Oct 2, 04. Educ: Univ Freiburg, MD, 30. Int: Internal med, Univ Freiburg Clin, 29; ophthalmol, Med Clin, Univ Berlin, 29-30. Psychiat Res: St Hosp, Orangeburg, NY, 44-45; Univ Vienna. PG Training: Internal med, Univ Jena Clin, 30-32; didactic PsAn, Berlin 37-38, L: NY. Past Prof Exp: Pvt pract, Berlin, 33-38; sch physician & sch psychiatrist, Berlin & Eng, 33-43; dir NY St Child Guid clin, Newburgh, 47-60; dir, Orange County Ment Health Clin, Goshen, NY, 60-64; pvt pract, 64-74, Pres P&A Activ: Retired. Mem: Phys Forum. Mailing Add: 17A Spring P1 Croton-On-Hudson NY 10520 (17)

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LL:* I'm researching psychiatry in Germany during the wartime period.

HK: During the wartime period I was in England and the States....I left Germany in '39.

LL: I'm also interested in the period that preceded the war. So you were there during part of the Nazi period?

HK: Yes, I was there, but at that time I didn't practice psychiatry. From 1933 to '39 practicing as a Jewish physician was greatly restricted. I was more in a preparatory stage. When I went over to England I was a school psychiatrist. But I know about the condition of psychiatry in Germany from '33 until '39. I can tell you a little about it. I once attended a great international conference. C.J. Jung was there. It was '36 or '37. There were a couple of German psychiatrists. I remember very clearly, one psychiatrist went up to the speaker's place in an SS uniform. He stretched out his hand and started out with 'Heil Hitler'....He said, 'We National Socialists have no neurosis'....Otherwise psychiatrists

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* Telephone conversation of June 7, 1982.

were no worse than or no better than in Switzerland or the States.

LL: I guess they started sterilizing people in the early '30s.

HK: About the sterilizations I cannot tell you anything. I think this started much later, in the early '40s.

LL: I read there was a law passed as soon as the Nazis came to power in 1933, the Law for the Prevention of Hereditarily Diseased Offspring.

HK: I don't know. There were rumors....

LL: And Eugenic Courts.

HK: Eugenics, of course. There was a lot of talk about it, but we didn't pay any attention, because it's all nonsense. And how much they put this into practice I couldn't tell you. I closed my practice in fall of 1938, and in March 1939 I went to England.

. . .

LL: I noticed that you went to the University of Freiburg.

HK: That's right.

LL: I came across the name of Alfred Hoche, a psychiatrist there.

HK: Yes, what do you want to know about him?

LL: What do you know about him?

HK: I took psychiatry examinations with Hoche. He was very, very well known in Freiburg....I took two semesters in Vienna....Hoche denied all the findings and the discoveries of Freud....In the examination, we gave him [Hoche] what he wanted to hear.

LL: Hoche wrote Release of the Destruction of Life Devoid of Value in 1920, which was one of the first books that speaks of killing mental patients because, he said, their lives were not worth living.

HK: I did not know that he was such a horrible character. But I had no respect for him because he denied everything from Vienna.

LL: Are you familiar with the extent of the killing of mental patients in Germany?

HK: No, I was in private practice. I was not connected with any institution, and it did not come to my attention. It was not written in the medical journals. I heard it as a rumor. Later I heard about it, but I didn't follow it up and get any proof. You have to take the word of people who wrote about it.

LL: Well, they admitted at the Nuremberg Trials that they killed at least 60,000. Karl Brandt and Viktor Brack

admitted it.

HK: I don't deny it.

LL: I wonder how it could have happened. Psychiatrists took part in the killings and they transferred their patients to be killed.

HK: They are as stupid as other people are, you know....Physicians on the whole were always reactionary....Just as American physicians are horribly reactionary.

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JOSEPH O. ORLI

APA Biographical Sketch

b Warsaw, Poland, Mar 10, 19. Educ: Univ Warsaw, MD, 42. Int: Szpital Dzieciatka Jezus, Warsaw, 40-42. PG Training: Path, Ger Hosp in Warsaw, 42-44; internal med, Mountain Sanat, Hamilton, Ont, 50-51. L: Va, SC. Past Prof Exp: Staff physician & dir lab, Poland, 45-48; biol res, Malmo, Sweden, 48-49; chest physician & supvr labs, Can, 52-59; instr clin path, St. Mary's Hosp, Knoxville, Tenn, 59-61; chest physician & supvr clin labs, 62-72; ch med serv, St Hosp, Marion, Va, 72-73. Pres P&A Activ: Physician II (FT), St Hosp, Columbia, SC, 73-; sr physician (PT), VA Hosp, Columbia, 74- Type of Pract: FT (P) Clin pract pub, non-fed psychiat hosp; (S) Clin pract US Govt. Honors & Awards: Physicians Recognition Award, AMA, 73-76 & 76-79. Mem: AMA; Am Acad Fam Physicians. Orientation: Organic, neurol. Prof Interests: Psychopharmacol; physician/ psychiatrist educ; schizophrenia. Mailing Add: PO Drawer 119 Columbia SC 29202 Tel: (803) 758-3900; Home (803) 758-7626. (18)

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LL:* I was doing research on psychiatry in Europe during the wartime period and came across your name in the library, that you had been in Poland.

JO: Yes. I didn't work as a psychiatrist in Poland. I am working as a psychiatrist for the past 11 years but not before. In Poland I was in general practice.

LL: What was psychiatry like in Poland?--even though you weren't a psychiatrist.

JO: I didn't know any psychiatrists. We had electives and I took pathology and not psychiatry. So I had nothing to do with psychiatry whatsoever.

LL: I was doing work on Germany and other countries occupied by Germany. In Germany they had what was called the "Euthanasia" Program, where they killed

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* Telephone conversation of July 1, 1982.

a lot of the mental patients.

JO: Yes.

LL: I was wondering to what extent that was done in Poland as well.

JO: There were cases known where psychiatric patients were lost and nobody knew what happened to them, but again I had no contact with the hospital which was at that time for the psychiatric patients. One was in Warsaw and one was not far away from Warsaw.

LL: After the war did it come out how many patients had been killed or lost?

JO: I don't know. I left Poland in '48 and during the war I worked very hard. I worked underground....I didn't have much statistics.

LL: There was nothing in the newspapers after the war giving approximate numbers.

JO: There were some--some of them probably exaggerated and some of them not complete.

LL: What was the range, the low and the high that you read?

JO: I can't tell you. I was not interested in the psychiatric situation.

LL: I see that you worked in the German Hospital in Warsaw.

JO: Yes, part-time I was working there.

LL: Why was it called German? What was the connection to Germany?

JO: After I finished my school, I had a permit for physician's work and for this I had to have a special permission from the Polish underground. At that time I was in the Polish underground army. I had a dual role. Half I was working in the hospital, in the German Hospital I was working in pathology, something like residency in pathology for two years. At the same time, on weekends, nights I was about 10 miles away in a big forest. We had a hospital there for the underground army and some civilian people.

LL: I'm also interested in that period because I'm Jewish and my family was from Warsaw.

JO: My older brother died in Auschwitz in 1940. He was one of the first prisoners. My second brother and my mother died in Warsaw, in 1944....

LL: One thing I was wondering was if any of the psychiatrists and doctors who collaborated with the Nazis...

JO(interrupting): I don't think so that you get Polish people collaborating, Polish physicians collaborating with Germans. There's no way they'd collaborate, the way,

you know, they were treating us. We were first slave labor and whenever it was possible to run away, we would...it was very difficult to survive...later there was a price on my head. They found out who the physicians were in the Polish underground army.

LORE HIRSCH

APA Biographical Sketch

b Mannheim, Ger, July 8, 08. Educ: Univ Heidelberg, MD, 37. Int: Greenpoint Hosp, Brooklyn, 42-43. Psychiat Res: Bellevue Hosp, New York, 43-46. L: Mich. Past Prof Exp: Sr psychiatrist, Dept Hosps, New York, 46-49; sect ch psychiat, Div VA Hosp, Bronx, NY 49-54; clin dir psychiat, Wayne County Gen Hosp, Eloise, Mich, 54-55; dir OPD, St Hosp, Northville, Mich, 55-58. Past Acad Appt: Asst prof psychiat, Wayne St Univ, 54-55. Pres P&A Activ: Pvt pract (FT), 58- Type of Pract: FT (P) Clin solo pvt off pract; consult. Mem: AMA, Pan Am Med Asn. Orientation: Psychol, PsAn. Prof Interests: Indiv psychother; physician/psychiatrist educ; community Publ: The Wilson Library Bull, Am Library Asn, 4/56; Human behav & child guidelines, Dearborn Herald, 1/70; Master & Johnson, 10/70, Comments on MSP meeting in Grand Rapids, 10/71, Comments on BCBS coverage, 9/73 & comments on APA meeting in Miami Beach, 5/76, Mich Psychiat Newsletter. Mailing Add: 2021 Monroe Blvd Dearborn MI 48124 Tel: (313) 561-5427. (19)

Early in this interview Dr. Hirsch said she left Germany in 1939 and that she is Jewish.

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LL:* Something I'm researching is the so-called "Euthanasia" Program.

LH: I don't know anything about that in Germany. In Germany there was anything but euthanasia. During the Hitler period they selected whom they wanted to have procreate and whom they didn't want to have procreate....They killed for eugenic reasons but they didn't call it euthanasia.

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* Telephone conversation of May 6, 1982.

. . .

LH: ....I certainly haven't specialized in the subject of euthanasia, neither do I know of any other psychiatrist who did. No psychiatrist--that I can tell you for sure--no psychiatrist would have voluntarily subscribed to eugenic killing. That is an antipsychiatric concept.

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APPENDIX TO CHAPTER 5

THIRD REICH-CONNECTED APA PSYCHIATRISTS

This is a list of 63 members of the American Psychiatric Association and their connection to Hitler's Third Reich as doctors and/or students. All information is from their biographical sketches in the Biographical Directory of the Fellows and Members of the American Psychiatric Association (1977).

Erwin Angres: University of Leipzig, MD, 1936.

Dorothy Charlotte Asrican-Weigert: University of Berlin, MD, 1933.

Hedwig Caroline Bakony: University of Heidelberg, MD, 1943.

Gerhard Gustav Berner: University of Jena, MD, 1941.

Walter Erich Fritz Boehm: University of Vienna, MD, 1942; intern: German Air Force Hospital, Rome, Italy, 1942-43; German Air Force, 1943-45.

Walter Brinitzer: University of Kiel, MD, 1936.

Tobias H. Brocher: University of Berlin, Diploma in Psychiatry, 1938 & MD, 1942; intern: Dominikus Hospital, Berlin, 1943-46; Charité Hospital, Berlin, 1942-44.

Helmut Cohen: Jewish Hospital, Berlin, 1929-34.

Anni Gerda Cohn: University of Berlin, 1938.

Gerhard K. Cotts: Friedrich Wilhelm University, MD, 1933.

Gertrude Voss Cotts: Friedrich Wilhelm University, Berlin, MD, 1935.

Claus Jochen Dietze: University of Berlin, MD, 1945.

Martha E. Ehrbrecht: Alberta University, Koenigsberg, MD, 1944.

Helmut E. Ehrhardt: University of Breslau, PhD in Psychology, 1939 & MD, 1941; psychiatric residence:

University Hospital, Breslau, 1940-45.

Konrad Ernst: Senior physician, Nervenklinic, University Hospital, Tübingen, 1935-47.

Heinz Joachim Ext: University of Berlin, MD, 1939; psychiatric residence: University of Breslau, 1940-41; German Army Medical Corps, 1939-45.

Hans F. Fink: University of Berlin, MD, 1945.

Gisela Ebert Fleischmann: University of Freiburg, MD, 1944.

Bruno Franek: University of Berlin, MD, 1944; psychiatric residence: Psychiatric Clinic, Vienna, 1944-45.

Lieselotte Joan Friedman: University of Hamburg, MD, 1935; intern: Hamburg Jewish Hospital, 1936-37.

Leon Groth: Friedrich Wilhelm University, MD, 1935.

Martin Grotjahn: Psychiatric residence: Charité Hospital, Berlin, 1930-36; Berlin Psychoanalytic Institute, 1936.

Joachim A. Haenel: Medical director, Kuranstalter Wectend, Berlin, 1933-37.

Werner Hamburger: University of Berlin, MD, 1934.

Ewald Antony Hawel: Private practice, Berlin, 1927-35.

Lore Hirsch: University of Heidelberg, MD, 1937.

Kurt A.K. Hoehne: University of Tuebingin, MD, 1936.

Franz E. Hornung: University of Heidelberg, MD, 1945.

Edith Jacobson: Private practice, Berlin, 1928-37.

Walter Otto Jahrreiss: Acting director, Psychiatric Clinic, Germany, 1928-35.

Carl H. Jorn: University of Bonn, PhD in Psychology and Philosophy, 1934 & MD, 1935; psychiatric residence: University of Bonn, 1934-35; neurologist, University of Berlin 1936-38; assistant professor, psychiatry and neurology, University of Berlin, 1936-38.

Lothar B. Kalinowsky: Born in Berlin, 1899; University Hospital for Nervous and Mental Disorders, Rome, 1933-39 [fascist Italy]; author, Die Hallervordensche Krankheit, Julius Springer, Berlin, 1936.

Werner A. Kohlmeyer: University of Goettingen, MD, 1945.

Frederic Paul Kosbab: Friedrich Wilhelm University, Berlin, MD, 1945.

Heinz E. Lehmann: University of Berlin, MD, 1935.

Heinrich Josef Leuchter: University of Berlin, MD, 1944.

Sol Levy: University of Munich, MD, 1936; psychiatric residence: Marburg, 1937-38.

Hans Lowenbach: Brain research, Kaiser Wilhelm Institute, Berlin, 1933-35.

Rudolf Otto Marburg: University of Freiburg, MD, 1936.

Johann R. Marx: University of Leipzig, MD, 1935.

Gisela M. Meloy: Tubingen University, B.S., 1942; Marburg University, MD, 1947.

Fred Meyer: Psychiatric residence: Psychiatry and Neurology Hospital, Hamburg, 1920-25; various positions in Germany until 1941.

Benedict Nagler: Private practice, Berlin, 1931-35.

Stephen B. Payne: Friedrich Wilhelm University, MD, 1935.

Herman Oppenheimer Pineas: Chief, Department of Psychiatry and Neurology, Jewish Hospital, Berlin, 1939-43.

Frances Pizitz: Psychiatric residence: Charité Hospital, Berlin, 1929-33.

Hilde Goldbach Plotke: Frankfurt, MD, 1937.

Fred Albert Quadfasel: Assistant, Hospital of Psychiatry and Neurology, Berlin University, 1931-35.

Bruno Radauskas: University of Berlin, MD, 1937.

Annemarie Rohan: Friedrich Wilhelm University, Berlin, MD, 1937.

Wolfgang Rothes: University of Munich, MD, 1944.

Dora Schaffer: University of Berlin, MD, 1937.

Elizabeth W. Shelden: University of Munich, MD, 1939.

Adolf Friedrich Heinrich Siegmann: University of Marburg, MD, 1945.

Anita-Moers Stevens: University of Bonn, MD, 1937; intern: U Bonn Hospital, 1936-37.

Hans Strauss: Psychiatric residence: University Hospital Nervous and Mental Disorders, Frankfurt, 1923-33.

Fritz Trapps: University of Jena, MD, 1938; intern: University Hospital, Jena 1938-39.

Alice Unger: Pediatrics, Berlin, 1932-34.

Hugo Velker: Obstetrics and gynecology, University of Gottingen, 1936-40.

Henriette Loewenberg Wayne: University of Bonn, MD, 1937.

Herman Stefan West: Weidner Sanitarium, Dresden, 1931-33.

Henry F. Yost: University of Berlin, 1942; general practice, Germany, 1942-63.

Visvaldis Ziedins: General practice, Germany, 1944-50.

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THE RESISTANCE: A HISTORY OF THE PSYCHIATRIC INMATES LIBERATION MOVEMENT

The history of psychiatry is a history of coercion--the threat and use of physical force to "treat" people against their will. Despite medical euphemisms such as "therapy", "medication" and "treatment", psychiatric terminology sometimes cannot help but reflect this coercive nature--involuntary commitment, locked wards, straightjackets, forced injections, and the like. At other times the terminology does succeed in masking more subtle forms of coercion, such as in the case of "treatment" which is begun voluntarily, but cannot be discontinued (e.g., institutionalization, electroshock or drugs). Or, a person may be presented with the opportunity to sign into a "hospital" voluntarily under the direct and immediate threat of being involuntarily committed otherwise. The police are frequently used to bring a person to a psychiatric institution.

This use of physical and legal force would not be necessary if there were no resistance to psychiatry. Nor would the deceit be needed, the deceit that is involved in concealing from the victims the actual harmful--even deadly--effects of psychiatric techniques, whether they be drugs or electroshock, psychosurgery or behavior modification.

For as long as there has been psychiatry, or any other form of oppression, there has been resistance. One Nazi police report gave the following description of the transfer of a group of psychiatric inmates to a killing institution under the "Euthanasia" Program: "The wildest scenes imaginable are reported to have taken place as some of these people did not board the bus voluntarily and were therefore forced to do so by the accompanying personnel."(1)

There has been a constant resistance to psychiatric tortures in our own country as well. Psychiatrists themselves have acknowledged this on occasion, although they have very cleverly labeled such fighting back as "resistance to treatment", a negative "condition", a "symptom" of the "mental illness", a force which must be overcome for the "patient" to be "cured". In 1938 a study was done at the well-known Menninger Clinic in Topeka, Kansas. Twenty-six people there had been given a form of shock "treatment" with Metrazol, a synthetic drug that causes a convulsion. William C. Menninger, who was to become president of the American Psychiatric Association ten years later, wrote of the "attitude of the patient toward treatment,"

> ...[a] patient consistently used it [the "treatment"] as an evidence that we were trying to punish her and "browbeat" her into submission. In at least six instances actual force was necessary to put the patient to bed and invariably every patient regarded the approach of a physician for the treatment with some degree of fear....
>
> One patient refused to undress. A second one complained that he "didn't want to die." A third patient asked why we wanted to "kill her".
>
> Physical resistance is shown not only by the refusal of certain patients to go to bed, but in many instances by combativeness....
>
> Such statements as, "These treatments scare me to death," "Please don't do that to me," and other tearful and frightened protests are frequent....
>
> From the therapeutic standpoint perhaps the most important feature in the post-convulsive behavior is the increased accessibility of the patient following the convulsion. This affords opportunity for psychotherapy. Following certain treatments some patients showed much greater friendliness, accessibility, and willingness to cooperate.(2)

Without a doubt, as I write these words, and again as you read them, a psychiatric inmate somewhere in the United States is fighting back as she or he is being given a forced injection or being dragged off to an isolation cell or being shackled to a bed, spread-eagle in "four-point restraints". And, of course, this is all being done on the

order of a medical doctor, a psychiatrist, in a place called a hospital and for the "patient's" own good.

Resistance to psychiatric intervention takes many other forms as well. Inmates, as well as those outside of institutions, often refuse to take the harmful drugs, to sign consent forms for admission to psychiatric institutions or for electroshock. They/we also refuse to go for psychotherapy, counseling--talking that is suggested or urged by someone such as a boss, family member, or other person who considers us "ill" and/or in need of adjustment to an oftentimes oppressive situation, such as a boring office job or dangerous and monotonous assemblyline work.

In addition to countless thousands of instances of such individual resistance to psychiatric tortures, there is also organized resistance to psychiatry. Thousands of survivors of psychiatric assault have organized outselves into a few dozen groups throughout the United States and in several other countries of the world.* We have formed this loose network of groups, which many of us refer to as the psychiatric inmates liberation movement, in order to fight back against psychiatric injustices and to regain our dignity which is so often attacked and damaged by psychiatry.

Organizations in the anti-psychiatry/psychiatric inmates liberation movement are varied in their structure as well as in their tactics and strategies in the struggle against psychiatric oppression.**

One of the oldest and most active groups is the Network Against Psychiatric Assault (NAPA) which was started in 1974 in the Bay Area (San Francisco and Berkeley) of California. Wade Hudson described some of the political actions of NAPA and a sister group, WAPA (Women Against Psychiatric Assault), in their battle against electroshock:

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* See Appendix 5 for an up-to-date listing of psychiatric inmate liberation and anti-psychiatry groups as published in Madness Network News, an excellent journal that has given voice to and printed the voices of our movement for over a decade now.

** I feel it is important to note that I am but one individual who has worked with other people in the psychiatric inmates liberation movement for much of the past eight years. There is no official dogma or doctrine to our movement, although several principles are shared by most participants in our struggle, e. g. opposition to

The shock treatment controversy continued brewing throughout California for the next year or more....NAPA members testified at key committee hearings and helped prepare briefs for the courts, in addition to organizing demonstrations with a sister group, Women Against Psychiatric Assault (WAPA), to draw attention to particular instances of psychiatric injustice. Some of the more effective of these political actions included:

1. Demonstrating in front of, and at one point invading the locked ward of, McAuley Neuropsychiatric Institute in St. Mary's Hospital (San Francisco) to protest the staff's use of forced drugging, "sheeting" (wrapping uncooperative inmates in sheets like mummies for hours at at time), and "harassment therapy" (for example, forcing an inmate to scrub the floor with a toothbrush).

2. Demonstrating at Herrick Memorial Hospital (Berkeley) to call public attention to its use of ECT on misinformed and/or nonconsenting persons.

3. Demonstrating at the office of Martin J. Rubinstein, M.D. (Oakland) while he was electroshocking a 17-year-old woman against her will.

4. Conducting a month-long sleep-in demonstration in the office of Governor Edmund G. Brown, Jr., to demand an end to forced labor, labor without pay, and forced treatment in California's psychiatric facilities.

5. Demonstrating at public meetings in San Francisco of the National Commission for the Protection of Human Subjects of Biomedical Behavioral Research, which had recommended to the Secretary of the Department of Health, Education and Welfare that he conduct and

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forced psychiatric "treatment". Nonetheless, I wish to emphasize that I speak only for myself and have certain opinions and biases that are not shared by all in our movement. I will attempt, however, to give a fair representation of the full range of organizations, actions and activities that fall within the scope of the psychiatric inmates liberation movement.

support research on psychosurgery (which no longer was to be regarded as an experimental procedure) and that psychosurgery's "benefits" not be "denied involuntary mental patients, prisoners and children."

NAPA has been active on other fronts as well. Through its Legal Action Committee, NAPA has been able to gain the release of many people incarcerated in psychiatric facilities. NAPA members have befriended and provided direct assistance (housing, jobs, etc.) to many others who had been institutionalized at one time or another. NAPA sponsored the Third and Fifth Annual Meetings of the North American Conference on Human Rights and Psychiatric Oppression, in San Francisco (1975) and Los Angeles (1977), respectively. NAPA members have testified at a number of governmental hearings, including a U.S. Senate subcommittee's investigation of the "abuse and misuse of controlled drugs in institutions" (1975, Washington, D.C.) and the President's Commission on Mental Health (1977, San Francisco). In the area of public education, NAPA activities included:

1. Participating in numerous media reports and interviews (for example ABC-TV's "Good Morning America" program (1976) and ABC-TV's "Madness and Medicine" hour-long documentary aired in May 1977).
2. Writing several newspaper and magazine articles.
3. Providing local media with "free-speech" messages.
4. Providing speakers to address high school and college classes, community organizations, and medical or psychiatric groups.
5. Sponsoring Dr. Thomas S. Szasz's talk on "The Myth of Psychotherapy" attended by 1200 people at Glide Memorial Church (San Francisco) in January 1975.
6. Sponsoring and providing speakers at showings of the documentary Hurry Tomorrow, which was filmed inside a locked ward at Metropolitan State Hospital (Los Angeles) in 1974.
7. Holding several seminar series and teach-ins on psychiatric ideology and practices.

> 8. Holding regularly scheduled discussion sessions for former psychiatric inmates.
>
> 9. Publishing a monthly newsletter.
>
> 10. Publishing booklets and information packets: Forced Treatment=Torture (1974), The History of Shock Treatment (1975, first edition), "Shock Packet" (1975), Psychiatric Drugs (1976).
>
> 11. Assisting in the publication of Madness Network News..., a quarterly started in 1972 and dedicated to the abolition of coercive psychiatry. The Madness Network News Reader, based largely on articles that appeared in early MNN issues, was published in 1974 by Glide Publications, San Francisco. (3)

The above excerpt illustrates several activities of a group in the psychiatric inmates liberation movement as of 1978. Although there were a few earlier attempts at organizing inmates in psychiatric institutions on a smaller scale*, the present-day movement looks to its beginning with the founding of the Insane Liberation Front in Portland, Oregon, in 1970.(4)

In 1971 a group of former psychiatric inmates got together in New York City, calling themselves Mental Patients' Liberation Project. In describing this group, Judi Chamberlin, a member of Mental Patients Liberation Front in Boston and author of On Our Own: Patient-Controlled Alternatives to the Mental Health System, wrote:

> Over the first few weeks of their existence, their discussions led to the writing of a mental patients' bill of rights. The production of this document is another example of the consciousness raising process at work. The membership of MPLP recognized that the abuses each of them had experienced were not isolated examples of mistreatment but were built into the system. The rights they listed were fundamental human rights, yet they were routinely denied mental patients. "Because these rights are not now legally ours, we are now going to

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* One such early group was WANA - We Are Not Alone - a support group formed by "mental patients" in Rockland State Hospital in the late 1940s.(5)

fight to make them a reality," they stated in the preamble. The rights listed were:

1. You are a human being and are entitled to be treated as such with as much decency and respect as is accorded to any other human being.
2. You are an American citizen and are entitled to every right established by the Declaration of Independence and guaranteed by the Constitution of the United States of America.
3. You have the right to the integrity of your own mind and the integrity of your own body.
4. Treatment and medication can be administered only with your consent and, in the event you give your consent, you have the right to know all relevant information regarding said treatment and/or medication.
5. You have the right to access to your own legal and medical counsel.
6. You have the right to refuse to work in a mental hospital and/or to choose what work you will do; and you have the right to receive the usual wage for such work as is set by the state labor laws.
7. You have the right to decent medical attention when you feel you need it, just as any other human being has that right.
8. You have the right to uncensored communication by phone, letter, and in person with whomever you wish and at any time you wish.
9. You have the right not to be treated as a criminal; not to be locked up against your will; not to be committed involuntarily; not to be fingerprinted or "mugged" (photographed).
10. You have the right to decent living conditions. You're paying for it and the taxpayers are paying for it.
11. You have the right to retain your own personal property. No one has the right to confiscate what is legally yours, no matter what reason is

given. That is commonly known as theft.

12. You have the right to bring grievance against those who have mistreated you and the right to counsel and a court hearing. You are entitled to protection by the law against retaliation.
13. You have the right to refuse to be a guinea pig for experimental drugs and treatments and to refuse to be used as learning material for students. You have the right to reimbursement if you are so used.
14. You have the right to request an alternative to legal commitment or incarceration in a mental hospital.(6)

It is significant and interesting to note how the movement further developed the political analysis implicit in this Bill of Rights over the next eleven years. The denial of basic human and legal rights, although still emphasized, are seen more clearly to be part of a larger political system. Compare, for example, the following document which was a product of a workshop convened at the Tenth Annual Conference of Human Rights and Psychiatric Oppression held in Toronto, Canada in May 1982.

DECLARATION OF PRINCIPLES

1. We oppose involuntary psychiatric intervention including civil commitment and the administration of psychiatric procedures ("treatments") by force or coercion or without informed consent.
2. We oppose involuntary psychiatric intervention because it is an unethical and unconstitutional denial of freedom, due process and the right to be let alone.
3. We oppose involuntary psychiatric intervention because it is a violation of the individual's right to control his or her own soul, mind and body.
4. We oppose forced psychiatric procedures such as drugging, electroshock, psychosurgery, restraints, solitary confinement, and "aversive behavior modification."
5. We oppose forced psychiatric procedures because they humiliate, debilitate, injure, incapacitate and kill people.

6. We oppose forced psychiatric procedures because they are at best quackery and at worst tortures, which can and do cause severe and permanent harm to the total being of people subjected to them.
7. We oppose the psychiatric system because it is inherently tyrannical.
8. We oppose the psychiatric system because it is an extra-legal parallel police force which suppresses cultural and political dissent.
9. We oppose the psychiatric system because it punishes individuals who have had or claim to have had spiritual experiences and invalidates those experiences by defining them as "symptoms" of "mental illness."
10. We oppose the psychiatric system because it uses the trappings of medicine and science to mask the social-control function it serves.
11. We oppose the psychiatric system because it invalidates the real needs of poor people by offering social welfare under the guise of psychiatric "care and treatment."
12. We oppose the psychiatric system because it feeds on the poor and powerless, the elderly, women, children, sexual minorities, people of color and ethnic groups.
13. We oppose the psychiatric system because it creates a stigmatized class of society which is easily oppressed and controlled.
14. We oppose the psychiatric system because its growing influence in education, the prisons, the military, government, industry and medicine threatens to turn society into a psychiatric state made up of two classes: those who impose "treatment" and those who have or are likely to have it imposed on them.
15. We oppose the psychiatric system because it is frighteningly similar to the Inquisition, chattel slavery and the Nazi concentration camps.
16. We oppose the medical model of "mental illness" because it justifies involuntary psychiatric intervention including forced drugging.
17. We oppose the medical model of "mental

illness" because it dupes the public into seeking or accepting "voluntary" treatment by fostering the notion that fundamental human problems, whether personal or social, can be solved by psychiatric/medical means.

18. We oppose the use of psychiatric terms because they substitute jargon for plain English and are fundamentally stigmatizing, demeaning, unscientific, mystifying and superstitous. Examples:

Plain English	Psychiatric Jargon
Psychiatric inmate....	Mental Patient
Psychiatric Institution...	Mental hospital/ mental health center
Psychiatric system....	Mental Health System
Psychiatric procedure.	Treatment/therapy
Personal or social difficulties in living.....	Mental Illness
Socially undesirable characteristic or trait.....	Symptom
Drugs.....	Medication
Drugging.....	Chemotherapy
Electroshock.....	Electroconvulsive therapy
Anger.....	Hostility
Enthusiasm.....	Mania
Joy.....	Euphoria
Fear.....	Paranoia
Sadness/unhappiness...	Depression
Vision/spiritual experience.....	Hallucination
Non-conformity.....	Schizophrenia
Unpopular belief.....	Delusion

19. We believe that people should have the right to live in any manner or lifestyle they choose.
20. We believe that suicidal thoughts and/or attempts should not be dealt with as a psychiatric or legal issue.
21. We believe that alleged dangerousness, whether to oneself or others, should not be considered grounds for denying person-

al liberty, and that only proven criminal acts should be the basis for such denial.

22. We believe that persons charged with crimes should be tried for their alleged criminal acts with due process of law, and that psychiatric professionals should not be given expert-witness status in criminal proceedings or courts of law.
23. We believe that there should be no involuntary psychiatric interventions in prisons and that the prison system should be reformed and humanized.
24. We believe that so long as one individual's freedom is unjustly restricted no one is truly free.
25. We believe that the psychiatric system is, in fact, a pacification program controlled by psychiatrists and supported by other mental health professionals, whose chief function is to persuade, threaten or force people into conforming to established norms and values.
26. We believe that the psychiatric system cannot be reformed but must be abolished.
27. We believe that voluntary networks of community alternatives to the psychiatric system should be widely encouraged and supported. Alternatives such as self-help or mutual support groups, advocacy/rights groups, co-op houses, crisis centers and drop-ins should be controlled by the users themselves to serve their needs, while ensuring their freedom, dignity and self-respect.
28. We demand an end to involuntary psychiatric intervention.
29. We demand individual liberty and social justice for everyone.
30. We intend to make these words real and will not rest until we do.(7)

The Annual Conferences on Human Rights and Psychiatric Oppression began as national meetings, the first being held in Detroit in 1973. Participants at the first three conferences (the second was in Topeka in 1974, the third in San Francisco in 1975) were a mixture, chiefly of ex-inmates and "radical" mental health professionals. The latter included workers in supposedly alternative half-way

houses and various shrinks who were followers of such "anti-psychiatry" psychiatrists as R.D. Laing and Thomas Szasz. Although these professionals had some ideas in common with the ex-"mental patients" present, by the third conference, the contradictions between the two groups came to a head. At this conference the professionals dominated most of the meetings and constantly exhibited mentalist and patronizing attitudes toward the ex-inmates. Judi Chamberlin vividly described the battle that ensued in "Organizing or Disorganizing?: Fighting Psychiatric Oppression," an article in Madness Network News:

> The most glaring omission from the scheduled workshops--some of which were The Experience of Madness, The Medical Model, Psychiatric Drugs, Legal Rights, Psychiatry in the Third World, Psychiatry in Prisons, Psychiatry and Gay People, Radical Psychiatry, Electroshock and Psychosurgery, Residential Alternatives, Holistic Healing, and Children and Psychiatry--was any discussion centered specifically around mental patients' liberation and mental patient organizing.(8)
>
> An ex-inmate caucus was formed.
>
> ....Two tactics were discussed: confronting each workshop which we found objectionable, or ignoring the rest of the conference and continuing to meet with one another to discuss topics of importance to ex-patients. This second course was decided upon, and for the rest of the Conference, most of the ex-patients could be found behind a door with a very clear "Keep Out" sign for anyone who hadn't done time in a mental institution. (Despite the sign, several people had to be asked to leave.)
>
> Saturday, the last day with a full workshop schedule, was both the high and low point of the entire five-day Conference. It was a day of noisy confrontations in the hallways, as the anger that had been focussed by participation in the Caucus was directed at individuals who had come to the Conference with their professional attitudes intact. It was also a day of incredible warmth and support within the Caucus, as, one by one, we talked about who we were, and how each of us had come to this

point in our lives. It was truly as if there were two separate conferences going on--in one small, crowded, overheated room, we had recaptured the spirit of Detroit and Topeka; while all around us, the hip shrinks, social workers, and others who claimed to be trying to "help" us were holding their own dry, dull, deadly meetings. Yet there was a tremendous frustration in ignoring this gathering of hip professionals. Here was an opportunity to confront the contradictions inherent in such formulations as "radical psychiatry" or "feminist therapy", or the absurdity of inviting workers in "halfway houses" to speak on alternatives, or the prescribers of psychiatric drugs to speak on drug effects, at an anti-psychiatry conference. Here was an opportunity for discussing real alternatives, for challenging the whole idea of professionalism, for forcing those who made money off human suffering while presenting themselves as radicals to listen to us, the real experts. It was an unavoidable frustration, given the limitations of time and space, and given the conference structure which seemed designed to discredit our experiences and expertise. Two examples come most vividly to mind.

Transition Community in Kansas City, Mo., is a "halfway house" in which the residents have seized power and control from the board of directors, and plan to run the house themselves. Two members of Transition Community travelled 1,500 miles to attend the conference, and were the obvious choice to present the scheduled workshop on "Alternatives". Instead, workers in Bay Area "halfway houses" were the resource people for this workshop, and when one of the TC residents attempted to raise questions of why a staff was necessary, and why the residents hadn't come to the Conference, she was ridiculed and put down. Much to her credit, she walked out. But it was frustrating not to be able to confront these workers, as a group, to demand to know how much money they made and why they thought they, rather than the residents, were the "experts".

> Mental Patients' Liberation Front in Boston is engaged in organizing inpatients in Boston area "hospitals" so that patients can collectively demand that their rights be recognized. Two members of MPLF travelled over 3,000 miles to attend the Conference, and they quite naturally expected their work to be the focus of the announced workshop on "Hospital Organizing". Instead, they found that the resource person was a former psychiatric nurse, and that her concern was organizing hospital workers. Again, the frustration in being unable to confront this professional, elitist bias was enormous.(9)

This was to be the last Annual Conference dominated by professionals. Presently, only present and former psychiatric inmates, others who have been harmed by psychiatry, and movement group-endorsed, anti-psychiatry activists may attend these yearly Conferences.

Other cities--actually ex-inmate groups in these cities--that have hosted the annual meetings which are now called International Conferences on Human Rights and Psychiatric Oppression (because of the participation of members and representatives of ex-inmate groups in such countries as Canada and The Netherlands) include the following:

YEAR	CITY	SPONSORING ORGANIZATION
1976	Boston, MA	Mental Patients Liberation Front
1977	Los Angeles, CA	Network Against Psychiatric Assault (NAPA-LA)
1978	Philadelphia, PA	Alliance for the Liberation of Mental Patients
1979	West Palm Beach, FL	Mental Patients Rights Association
1980	Berkeley, CA	Coalition Against Forced Treatment
1981	Cleveland, OH	Project Renaissance/Patients' Rights Organization
1982	Toronto, Canada	On Our Own
1983	Syracuse, NY	Mental Patients Alliance of Central New York
1984	Denver, CO	Women Psychiatric Inmates Liberation Front

Workshops on a wide variety of topics are held at

these Conferences. Usually there is no discussion leader in order to help in breaking down the damaging hierarchies that develop so easily in our society and to ensure that everyone gets a chance to speak. Nonetheless, the struggle for equality and fairness is, of course, an ongoing one. Titles of workshops and other meetings have included: Local Organizing, National Organizing, Legal Advocacy, Alternatives, Women and Madness, Gay Workshops, Psychiatric Drug Withdrawal, Electroshock, Psychosurgery, Role of Non-ex-inmates in the Movement, Suicide, Civil Disobedience, Anti-Racism, Women's Caucus, Consciousness-Raising, Psychiatry and the Military, Government and Mind Control, History of the Movement, Behavior Modification, Madness and Spirituality, Suppression of Spirituality, Our Relationship to Other Movements, and The Anti-Psychiatry Movement in Europe.

Besides these workshops there is a more informal sharing of information and a lot of mutual support (personal and political) and validation. Those who come to a Conference for the first time often feel an almost unmatched sense of excitement, exhilaration and empowerment as well.

The Conferences always include at least one demonstration against a psychiatric institution or other target that is part of the psychiatric industry. In 1983 there were protests at three psychiatric facilities in Syracuse--Hutchings State Hospital, Benjamin Rush Hospital (a private psychiatric institution that uses electroshock) and a Veterans Administration (VA) Hospital. In addition, a group of thirteen people, an offshoot of the Conference did a civil disobedience action at Benjamin Rush. Calling themselves Action Group Against Shock Tortures (AGAST), they formed a "human chain" to blockade the front door.(10)

In 1978 in Philadelphia, 150 ex-inmates and supporters from the Sixth Conference demonstrated at the national headquarters of Smith, Kline and French. SmithKline, Inc., the parent company is one of the largest drug manufacturing companies in the United States.(11) In 1954 they put the first "major tranquilizer" Thorazine on the market. As pointed out in "The Politics of Phenothiazines,"* an excellent and informative publication

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* Phenothiazines are a class of particularly dangerous drugs which include Thorazine, Stelazine, Mellaril, Prolixin, Trilafon and others. As mentioned earlier, they all often cause tardive dyskinesia (permanent brain damage

of the Alliance for the Liberation of Mental Patients (ALMP), sales of the "tranquilizers" Thorazine, Stelazine and Compazine accounted for $80 million in 1977 or one-fifth of this corporation's pharmaceutical sales.(12) Today SmithKline is still expanding and total sales of all their products are in the $3 billion range.

Demonstration participants made three demands of this giant drug company:

1. That the production and promotion of Thorazine and other psychiatric mind-control chemicals be halted, as their physical and political danger is no longer a matter of speculation.
2. That the U.S. pharmaceutical industry cease profitting on the pain and misery of the ill and the allegedly "mentally ill".
3. That the pharmaceutical industry stop cooperating with the rape and economic exploitation of Third World nations and peoples.(13)

The economic and political analysis of SmithKline that appears in "The Politics of Phenothiazines" reveals the basis for these demands. In regard to Third World activity.

> SmithKline claims that the drug industry is highly competitive. However, as of 1977, the conglomerate's shares in other pharmaceutical companies totaled approximately half a million dollars. SmithKline's investments in other imperialist American industries went as follows:
>
> Ford and General Motors, $215,000; IBM, $628,000; ATT, ITT, BankAmerica, Citicorp, Xerox, GE, and Coca Cola over $600,000; and oil companies such as Exxon, Mobil and BP, over $500,000.(7)
>
> SmithKline's economic exploitation of Third World peoples becomes more directly evident when their subsidiary operations are examined. There are laboratories and manufacturing plants in South Africa, Puerto Rico, the

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and nervous system disorder) as well as many other harmful conditions.

> Philippines, Peru, Mexico, Brazil, India, and Pakistan. SmithKline's policy on South Africa was spelled out in a 1972 pamphlet entitled "Corporate Responsibility." They argued that "a pullout of companies such as SKF from South Africa would injure the very people who are supposed to benefit." These producers of brain-damaging chemicals added, "we feel that the very nature of our business...contributes to the well-being of all people...and cannot reasonably be looked upon as contributing to the apartheid policies of the Government of South Africa."(8) (14)

At this Conference, a boycott of all SmithKline's over-the-counter products was called for. Endorsements were obtained not only from anti-psychiatry/ex-inmate groups but from other diverse organizations as well, including the Gay Activists Alliance--New York, National Lawyers Guild (Philadelphia and San Francisco), Santa Cruz Women Against Rape (California), the Prisoners Rights Council (Philadelphia) and many others.(15)

Although the sales of this enormous conglomerate continued to increase during the boycott, it was an effective rallying point for raising in the media and in the streets the issues of forced drugging, the deadly effects of psychiatric drugs, and other "mental patient" concerns.

At the Fourth Conference in Boston in 1976, participants marched on the Massachusetts Mental Health Center (which is affiliated with Harvard Medical School) and presented the following demands:

> We demand the total abolition of psychiatric institutions, since the function they serve is to imprison, torture and dehumanize people and not to help them. Until we can realize this goal, we make the following interim demands.
>
> 1. Mental Patients demand the right to be informed in clear language of the effects of any "treatment" (drugs, electro-shock, psychosurgery, etc.) offered. We demand the right to refuse any "treatment", or to withdraw our consent at any time after we have given it, without reprisals.
> 2. We demand the right to uncensored communication by telephone, letter and in person, with whomever we wish and at any time. Telephones should be available on each ward.

3. We demand the right to be paid at the prevailing rate for non-mental patients for any work assignments performed while in the hospital--at a rate never to be less than the minimum wage.
4. We demand an end to the practice of keeping psychiatric records of patients. Until such time, we demand the right to see our records at any time and to complete confidentiality of our records.
5. We demand an end to physical abuse of mental patients. We demand an end to the practices of seclusion and restraints to make us conform. We demand an end to sexual abuse of mental patients.
6. We demand the right to decent, humane living conditions while in the hospital.
7. We demand the right to a sexual life while in the hospital and the right to our sexual preference.
8. We demand the right to remain silent during the initial and subsequent psychiatric interviews* and the right to have legal counsel or ex-patient advocates present, as anything we say might be used against us in future legal proceedings. We demand the right to have legal counsel who represent our interest as defined by us.
9. We demand the right to financial assistance while in the hospital. The state has an obligation to supply us with spending money for things that make life in the hospital bearable: cigarettes, food from the canteen, phone calls, writing materials and postage, transportation (especially for seeking housing and jobs), etc.
10. We demand the right to an alternative to incarceration in a mental hospital. If we decide we want a hospital, we demand the right to the hospital of our choice.
11. We demand an end to involuntary commit-

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* Psychiatrists often label inmates who refuse to talk to them as "mute", a "symptom" of "schizophrenia".

ment and "conditional voluntary"* commitment. We demand that all hospitalization be completely voluntary with no strings attached.

12. Until such time as commitment is abolished, we demand an automatic hearing outside the hospital for all patients facing commitment. We demand the automatic appointment of free legal counsel for the hearing, and the right to a number of interviews with the attorney before the hearing.
13. We demand an end to repercussions (such as kicking patients out of the hospital) when we exercise our right to refuse treatment or engage in political activity.
14. We demand the right to be adequately provided with income and housing when we leave the hospital. We demand jobs or easily-accessible vocational training of our choice for those who want it.
15. We demand the right to organize patients' rights groups in the hospital and to hold meetings from which staff is excluded. We demand that ex-patient advocates be freely allowed to attend these meetings and have free access to patients who want to see them.
16. We demand the right to immediate and adequate medical treatment from the doctor of our choice, when we request it.
17. We demand that all medical procedures be clearly explained to us. We demand the right to refuse sterilization and all other medical and surgical procedures.
18. We demand an end to the practice of "behavior modification".
19. We demand that hospitals provide nutritious food, including adequate food for vegetarians. We demand the right to choose what we eat and how much.

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* The condition is usually that you must agree to give 72-hours notice before leaving. These three days can easily be and often are used by the institution to commit you.

20. We demand the right to be involved in decision-making at all levels of the institution, including decisions about the making of hospital rules, the hiring and firing of staff, and the way in which money is used. We demand that mental patients make up 50% of any governing body.(16)

For many of us in the psychiatric inmates liberation movement, the demonstrations at the Eighth International Conference on Human Rights and Psychiatric Oppression in Berkeley were the most memorable. We had the rare opportunity to directly confront our oppressors, for 15,000 psychiatrists were simultaneously attending the Annual Meeting of the American Psychiatric Association in nearby San Francisco. Leonard Frank's words bring to life not only what happened at this David-and-Goliath confrontation, but also to a great extent some of the most significant ideas and ideals of our movement.

> At 11:30 about 150 Conference members and supporters from the community-at-large assembled in front of the church to begin our half-hour march through downtown San Francisco to the Civic Auditorium where the APA was conducting its opening session. Balloons reading "Smash the Therapeutic State!" floated overhead; many of us wore black tee-shirts with "Psychiatry Kills" lettered across them, while all of us shouted our slogans as we marched together: "One two three four, we won't take your drugs no more; five six seven eight, smash the therapeutic state!", "APA go away, APA go away", and "Hey, hey, APA, how many people did you kill today?"
>
> In front of the Civic Auditorium we were joined by 100 more demonstrators who had been waiting for us. After seven gripping personal statements were presented over the loudspeaker system and an inspiring rendition by Howie the Harp of his own song "Crazy and Proud",*, a signal was given and 25 of us separated from the rest of the demonstrators

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* The words of Howie's song speak for themselves:

and began forming our human chain in front of one of the three entranceways to the auditorium. Two Conference-endorsed statements, "Survivors of Psychiatric Assault Accuse APA of Crimes Against Humanity" and "Why We Are Here" were read. By the time the statements were finished, we were firmly entrenched directly in front of the entrance through which, for the next five hours, not one psychiatrist (nor anyone else for that matter) was to pass. Incidentally, five or six psychiatrists actually made individual attempts to enter through the blocked doorway during the course of the afternoon. In each case, our determined resistance soon discouraged them. The afternoon was, for myself, the highlight of my eight-year involvement in the psychiatric inmates liberation movement. Never before had I participated in a movement demonstration as spirited, disciplined, and purposeful as this one.

Well they're always calling me crazy
And they're always putting me down
They always say they'll be my friend
But they never come around.
'Cause I'm not like normal people
I won't fit in their mold.
And for that crime
they either lock me up
or put me out in the cold.
'Cause I'm Crazeeeee, and I'm Proud!

Well I won't be a 9-5 robot
Well-oiled and made of chrome
I'll never have your ulcers
or your split level home
You tried so hard to change me
You bullied and you sneered
But I'll always remain just like I am
Loony, Crazy, and Weird!
'Cause I'm Crazy...And I'm Proud

Well, you say I'll always be locked up
Unless I stop being me
But I'm not like that so stay off my back

> Active nonviolent resistance to psychiatric oppression has now been established as a practical option in our movement. Short of renewed violence to my person by the psychiatric system, I pledge my life-long active support for this type of resistance. I feel in my bones that it is the best hope we have to awaken the public's conscience to the injustice of civil commitment and the barbarism of forced psychiatric "treatment", so that these practices may be ended once-and-for-all.(17)

The confrontation was repeated in 1982 at our Tenth Conference, the first one to be held outside the United States. Jenny Miller, a member of the staff of Madness Network News and an ex-inmate activist for over a decade, described our civil disobedience action in Science for the People:

> In May of 1982, sixteen people calling themselves the Psychiatric Inmates Liberation Lobby were arrested while holding a silent vigil in the lobby of the Sheraton Hotel in Toronto where they were protesting the Annual Meeting of the American Psychiatric Association (APA). During the protest demonstrators sat in a circle on the floor, holding signs assailing such psychiatric crimes as forced treatment of inmates with brain-damaging drugs, electroshock and psychosurgery. A large crowd of supporters, police, hotel security, reporters, and smirking psychiatrists gathered around the silent group. After an hour and a half, supporters were forced to leave the lobby, and the members of the vigil were dragged and carried to waiting police vans. The demonstrators came from all parts of North America to attend the 10th International Conference on Human Rights and Psychiatric

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I just wanna be free
'Cause I'm telling all you people
Don't give me those funny looks
You think you're great but you're the
Kind I hate
American Psychiatry Crooks
'Cause I'm Crazy...And I'm Proud (18)

> Oppression being held simultaneously with the APA convention in Toronto.(19)

Another very important element of our struggle is the giving of testimony, our discussing among ourselves and our bearing witness publicly to the crimes we have suffered at the hands of psychiatry. We must understand our oppression in both its overt and subtle forms, whether it be forced drugging, electroshock, the presentation of dangerous drugs to us as medication, or our invalidation as present and ex-"mental patients". We also want the public to know what is happening behind the locked doors of psychiatric institutions and in our prisons, schools, nursing homes, doctors' offices and our workplaces. We are conditioned and intimidated into being silent about our horrible experiences with psychiatry, to be "closet ex-mental patients", to see ourselves as having been "sick" and then "cured" or perhaps "in remission".

There are several forums where such testimony is given: public tribunals such as those often held at the annual Conferences; speaking appearances by local groups at schools, government hearings, "mental health" conferences, and on radio and television; in letters and articles on the pages of Madness Network News, other ex- inmate publications and in the general media. A very significant and unique Tribunal on Psychiatric Crimes was held on July 14,1976 in the office of Edmund Brown,then Governor of California. This occurred during a month-long sleep-in at Brown's office by at various times by more than 100 members and supporters of the Network Against Psychiatric Assault (NAPA) and Women Against Psychiatric Assault (WAPA). The demands of this civil disobedience action were that "mental patients have the absolute right to refuse treatment, that no inmate be forced to work under the guise of therapy and finally, that patients who choose to do such work should be paid the minimum wage."(20)

Richard Stanley, a survivor of electroshock received at the age of 12, gave the following powerful testimony concerning the horror of that experience which he still carries today, 25 years later:

> All of a sudden everything changed. I didn't see where I was anymore, instead I saw lines, black and white lines moving across my field of vision. They were moving, rows and rows of them moving, but that's just what I saw. What I felt was the most horrible thing, it was like my head was very, very sensitive and at the same time it was being, ah, broken, being

> chipped out, like a sharp cutting sensation on the sides of my head and even right through into my head and very grinding and it hurt extremely bad and that was happening.
>
> After I had received shock treatments a few more times, I remembered what it was like and I remembered that in a few more seconds I would be unconscious. I just waited and waited for that to come because there was just nothing else I could do and I...it was then I became unconscious. That was all. And when I woke up, I couldn't remember anything at all and they told me I had shock treatment and I knew what it meant because other people on the ward also had it--but I didn't remember at the time what it was like, so I said this here so it will really be known that people who do receive shock treatment, including children like I was at the time, in 1959 really do feel things. One other thing I want to say, since the children today still do not have the rights that adults are considered to have. They are severely discriminated against and those that are out, have on them a situation where they are at a great disadvantage compared to adults, so that being a child in a mental hospital is doubly bad or worse than just being another patient.(21)

One of the most moving testimonials to the horror of psychiatry in general and electroshock in particular is an article entitled, "The Other Half" by Ted Chabasinski, who was institutionalized at Bellevue Hospital in New York in 1944 and forced to undergo electroshock at the age of six:

This is a story about the other half of my life.

Psychiatrists and social workers had already decided before I was born that I was going to be a mental patient. My natural mother had been locked up just before she gave birth to me and was locked up again soon after. The social worker from the Foundling Hospital told my foster parents, as they put it, that my mother was "peculiar" and Miss Callaghan soon had them looking for symptoms in me, too. Every month Miss Callaghan would come and discuss my "problems" with my foster parents. If I only wanted to stay in the back yard with my sister and make mud pies, this was a sign that I was too passive and withdrawn, and my mommy and daddy were supposed to

encourage me to explore the neighborhood more. When I started to wander around the neighborhood, I went to a neighbor's garden and picked some flowers. The neighbor complained, and Miss Callaghan held a long session with my parents about curbing my hostile impulses.

I knew that my foster parents were afraid of the Foundling Hospital Lady, but I didn't understand why. Because it was only me she could take back to the hospital. "If you're not a good boy, we'll take you back to the hospital where we got you," my mommy and daddy said. But sometimes they would make the hospital sound nice, the place where they picked me out from all the other little boys and girls, though they never explained why they picked me. Three years old, I tried to remember or imagine how it must have been. I was in a crib in the middle of an ocean, thousands of babies like me, all screaming and crying for mothers they didn't have. My mommy and daddy pointed to me and the nurse brought me out, wrapped in a blanket. And they took me home to the Bronx.

When Miss Callaghan had discovered enough symptoms, I was sent to the Bellevue children's psychiatric ward, to be officially diagnosed and to be made an experimental animal for Dr. [Lauretta] Bender. I was one of the first children to be "treated" with electric shock. I was six years old.

I gave up that little boy for dead thirty years ago, but now he's come back to life, kicking and struggling. I won't go to shock treatment, I won't! It took three attendants to hold me. At first Dr. Bender herself threw the switch but later when I was no longer an interesting case my tormentor was different each time.

I wanted to die but I didn't really know what death was. I knew that it was something terrible. Maybe I'll be so tired after the next shock treatment I won't get up, I won't ever get up, and I'll be dead. But I always got up. Something in me beyond my wishes made me put myself together again. I memorized my name, I taught myself to say my name. Teddy, Teddy, I'm Teddy....I'm here, I'm here, in this room, in the hospital. And my mommy's gone....I would cry and realize how dizzy I was. The world was spinning around and coming back to it hurt too much. I want to go down, I want to go where the shock treatment is sending me, I want to stop fighting and die...and something made me live, and to go on living. I had to remember never to let anyone near me again.

I spent my seventh birthday this way, and my eighth and ninth birthdays locked in a seclusion room at Rockland

State Hospital. I had learned that the best way to endure this was to sleep as much as possible, and sleeping was all I could do anyway. I was in a constant state of exhaustion, and I began to have colds that lasted all year because the more sadistic attendants would turn off the radiator and open the window, even in December. Dr. [Raymond] Sobel said that it was a sign of my sickness that I didn't like fresh air.

Sometimes the attendants would leave the door to my room unlocked while the rest of the kids went to the dining room. I would roam the hall looking for something to read, something to look at, to play with, anything that would make the time pass, anything I could use to keep myself distracted. I would save part of my food and think for hours of when I would eat it. Sometimes mice would run through the room, along the walls, and I would watch them carefully and try not to scare them. I wished that I were small enough to run under the door like they could. Sometimes there was nothing in the room, nothing at all, and I would lie on the mattress and cry. I would try to fall asleep, but I couldn't sleep twenty-four hours a day, and I couldn't stand the dreams.

I would curl into a ball, clutching my knees, and rock back and forth on the mattress, trying to comfort myself. And I cried and cried, hoping someone would come. I'll be good, I said. And the attendant would stare at me unexpectedly through the little window with wires in it so I couldn't break the glass and kill myself. Every few days, Dr. Clardy would come in surrounded by attendants and tell me that I had to learn to "adjust." "Well adjusted" was a phrase that Dr. Clardy used often. By the age of ten, I had adjusted well to being in solitary confinement.

And so I spent my childhood waking from nightmare to nightmare in locked rooms with scraps of torn comic books and crusts of bread and my friends the mice, with no one to tell me who I was. And when I was seventeen and the shrinks thought they had destroyed me, they set me free. I was free.(22)

Chabasinski, who has fought in the psychiatric inmates liberation movement since 1971, has never forgotten nor allowed psychiatry to forget how they permanently damaged him. In 1982 he was the leading force in the Coalition to Stop Electroshock's successfully placing on the ballot in Berkeley, California a referendum that classified the use of electroshock as a crime punishable by up to six months in prison and a $500 fine.(23) Voters passed Measure T, as

it was called, on November 2, 1982 with over 61% casting their ballots for the ban. The campaign received a great deal of attention and publicity locally and nationally. The only thing left for organized psychiatry to do was to ask the courts to refute the clear results of the democratic process and to issue an injunction against the ban. The "justice" system in the person of Judge Donald McCullum obliged the suing psychiatric associations on January 13, 1983, only 41 days after the ban had taken effect.(24) Eight months after McCullum's decision, Judge Winton McKibben put another nail in the coffin of democracy and freedom from electro-torture by ruling against the ordinance banning shock and even refusing to have a hearing on the ordinance's legality. One week later the Berkeley City Council voted to appeal McKibben's ruling.(25)

Of course, electroshock is only one weapon in the arsenal of psychiatric coercion. Ex-inmate testimony indicts psychiatry for other crimes as well. Volumes could be filled with the first-person accounts of our people who have experienced psychiatric atrocities. In August, 1975 Janet Gotkin, author of Too Much Anger, Too Many Tears, testified before the U.S. Senate Subcommittee to Investigate Juvenile Delinquency (specifically "Drugs in Institutions") about her incapacitation and suffering from the drug Thorazine:

> My tongue was so fuzzy, so thick, I could barely speak....It was so hard to think, the effort was so great; more often than not I would fall into a stupor of not caring or I would go to sleep. In 8 years I did not read an entire book, or see a whole movie. I could not focus my blurred eyes to read and I always fell asleep at a film. People's voices came through filtered, strange. They could not penetrate my Thorazine fog; and I could not escape my drug prison. The drugs made me constipated as well as ravenously hungry. As a final misery they caused me to gain weight. For 8 years I took laxatives and suffered as I watched my body grow heavy and distorted. My hands shook so I could barely hold a pencil and I was afflicted with what Dr. Sternfeld lightly called "dancing legs", a Parkinsonian "side-effect" of these chemicals. For this I took a drug called Kemadrin, and if I missed a day or a dosage, my shoulder muscles would tighten into excruciatingly painful knots and my legs would

go wildly out of control.(26)

In 1976 Ahni wrote in Madness Network News* of her "struggle for rebirth" after "two years as an inmate and many years following as a drug addict and full-time 'sickie'":

> After hundreds of days locked up she's free, a scared woman, enough pills in her purse for 100 suicides, a total dependency on the shrink who by this time is plaguing her with sexual innuendo and she is so lonely for a friend she can't stand it. And she can't think and wonders how she used to remember things and speak her mind. She's quiet now, reads cook books and she's very much into drugs. She's lonely, meets a man, gets married--the shrink and husband shake hands, therapy over, she's cured. Still lonely, she has a baby, a baby born of a momma forcefed drugs, born with fingers and toes webbed and the momma thinks "thank god that's all". She knew like women in Viet Nam know--our children are being poisoned by white men. Men have always feared our wombs and power of birth. And the pills, Stelazine, Thorazine, Prolixin--they are money, they are power, they are death. In giving up the pills I no longer identified with sickness. My long struggle for rebirth began.(27)

In Toronto in 1982 approximately thirty former psychiatric inmates testified in the Council Chambers of Toronto City Hall. Council was not in session but the facility had been made available to the Tenth Annual Conference on Human Rights and Psychiatric Oppression. Here are some excerpts from the testimony of Jeanne, a Conference participant:

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* This was a special issue of Madness Network News entitled "Women Look at Psychiatry". Women are especially oppressed by psychiatry. They are often locked up and "treated"/tortured for not conforming to stereotyped roles of "good wife and mother" (i.e., housewife), worker, etc. Outspoken, assertive women are labelled "aggressive". Sixty-five to seventy percent of people who are given electroshock are women. It is surely no coincidence that women have taken such an active role in the psychiatric inmates liberation movement.

> The first reason I got into the psychiatric system was by a powerful steroid that just sent me flying probably higher than any hallucinogen would have. And when I got into the system, I was given all different drugs--that most people here have been given--in amounts that just blew me away....Finally, after fighting everytime I would be hospitalized, I would fight what was going on, I wouldn't submit to it. They'd tell me I was a "manic." Well, in the beginning I was "a reaction," by the end of my psychiatric thing I was a "born manic-depressive." I was born to have it happen, it was all in my history that it was going to happen. Finally, I submitted to lithium treatment, 'cause I was scared. I was scared of winding up in a hospital again, and I took lithium willingly from two years ago 'til about three months ago. And I've gone off, and there's only a couple of people who know I have. But part of the reason I felt able to go off is through coming into contact this past year with the movement. I'm still somewhat scared, but I feel stronger and where I live I have people like myself who are turning to and helping one another. And through coming--this is my second Conference--and knowing what we all have here, I feel I'll be able to stay off and not get locked up again, but I'm afraid of ever landing in their hands again, 'cause they said I was a danger to myself but I honestly believe I wasn't. But I think I would be again if I got locked up.(28)

Sally Zinman, another Conference participant movement activist, stated in Toronto:

> One thing I think I can add to this group is to make everybody realize that this is a universal thing. There are no good hospitals. Any place with a locked door is not good....The name of the game--from the public hospitals to the private hospitals--is other people controlling your life....I was not given drugs, I wasn't given psychosurgery, I wasn't given shock, I wasn't given any of the more common means of control. This doctor who was so expensive, who was supposedly so progressive--he didn't use these. Neverthe-

> less, his prime purpose was to take total control away from you, to have total control over you--in effect to become your mind. He used his fists, he used dungeons in the bottom of old farm houses. (Ed. note: see article on "Dungeon Therapy" by Sally Zinman in vol. 4, #5 of MNN) Whether it's public or private, whether it's drugs, psychosurgery, shock treatment, fists, quiet rooms on wards or dungeons in the bottom of farm houses, it's taking control and self-definition away from you....As powerless people, we are beginning to take control over our lives, to define our lives, as all powerless people are doing throughout the world.(29)

The government--national, state and local--frequently holds public hearings (which are usually not well publicized) on various issues in the area of "mental health". Ex-inmates often testify at these hearings both as individuals and as representatives of their particular organizations in the psychiatric inmates liberation movement. President Carter appointed the President's Commission on Mental Health which held such hearings in 1977. He mandated the Commission to "identify the mental health needs of the nation." The 20-member Commission included a majority of lawyers, "mental health" professionals and one token ex-inmate.(30) Tanya Temkin, who for several years was a key staff person on Madness Network News, testified as a representative of the Network Against Psychiatric Assault at one of the Commission's hearings in San Francisco.

> The stated purposes of this Commission are, among other objectives, "to identify...how the mentally ill are being served, and to what extent they are being underserved...the various ways the...Federal government may most efficiently support the treatment of the mentally ill...(and) the types of research the Government should support to further the prevention and treatment of mental illness."
>
> In response, NAPA must state that we take issue with the terms "treatment" and "mental illness" as they are used by the psychiatric profession, and have apparently been accepted by this Commission. We believe that "treatment" is a euphemism for the infliction of forcible procedures such as drugging, electroshock, behavior modification,

> and psychosurgery. "Mental illness" is a pseudomedical label used to justify these procedures and the incarceration of the victims to whom it is applied. Many of us in NAPA, including myself, learned the true meanings of these words from our experiences as "mental patients".
>
> Thus, we contend that those persons so stigmatized are being coerced, not "underserved". Yet the very real sources of economic and personal distress, such as unemployment, inadequate wages and housing, racial and sexual discrimination, and spiritual repression, are at best ignored and at worst perpetuated by the mental health system. For the primary victims of this system are the poor, women, non-whites, and other powerless groups.
>
> Accordingly, we suggest that the proper role of the government is not to support the system's expansion through the construction and staffing of more inpatient facilities, but to protect our rights against forced treatment and hospitalization. Prevention is indeed needed...of these practices, not of so-called "mental illness". Because of limited time, I restrict my comments now to a demand for and justification of the total abolition of involuntary psychiatric intervention.(31)

Similarly, ex-inmates have spoken at hearings concerning commitment laws, electroshock, deinstitutionalization, patients' rights, restraints (shackles), seclusion (isolation cells), psychosurgery, drugs, homelessness, public benefits such as social security, supplemental security income (SSI) and welfare payments, and alternatives to psychiatric institutionalization.

Another key issue in our movement is that of support--support not only around the political work and organizing, but also for personal day-to-day survival and growth. As "mental patients," we have been invalidated time and time again--told by psychiatrists and others in society that we are not normal, not able to love or be loved, not competent to make decisions and handle our affairs. Often we have been put into places and situations that cause us to become very dependent on others. For example, in psychiatric institutions we are not allowed to

do things for ourselves and must look to the staff to have our needs met--the few needs that are even recognized by our jailers. In counseling relationships we are supposed to always be in the dependent position, taking advice, being "helped", etc., but never giving anything ourselves. In addition, we have been locked up and tortured with drugs, electroshock and near total deprivation of civil liberties because of our thoughts, ideas and beliefs. Therefore, when we come to the psychiatric inmates liberation movement, we are looking for validation and support. All people, of course, need support, but people in an oppressed group or class need to get support from each other around the specific areas and issues of their oppression. The women's movement has long recognized this and women's support and consciousness-raising groups have addressed this need. In our movement too we use both formal and informal groups and conversations to validate and support each other. We have established community and drop-in centers, telephone support networks, safe places to go while "freaking out" (These alternatives to psychiatric institutions are limited by our lack of financial resources), visits to inmates in institutions, open-houses and other social gatherings as well as consciousness-raising and support groups. Judi Chamberlin described the power that is obtained from consciousness-raising discussions:

> Consciousness-raising is a technique for learning what is <u>really</u> wrong. It is a way in which demoralized people can become angry, can learn that the source of their oppression does not lie within themselves, and can gain a sense of their strength and power. Consciousness-raising is a way to change...
>
> Similarly, as mental patients have made the transition from seeing ourselves as sick individuals to seeing ourselves as brothers and sisters oppressed by psychiatry, we have become a movement. It has happened not with one group or in one section of the country, but repeatedly, and in many places. Whenever groups of mental patients get together, <u>on our own</u>, to discuss what is wrong and what can be done about it, we have reached the same conclusions.
>
> '...We are furious. Yet we also feel good, for it's clear from how threatened the hospitals and psychiatrists were by our speaking out how

much potential power there is in our anger.'
(Pamphlet, Women Against Shock Treatment, Berkeley, p. 1.)
'Abuses will occur until ex-patients band together to fight them. The liberation of ex-patients is the task of the ex-patients themselves.'
(Booklet, Your Rights as a Mental Patient in Massachusetts, Mental Patients' Liberation Front, Boston, p. 39.)

Despite the variations in emphasis and style, these quotations reveal the basic similarities among mental patients who no longer accept psychiatry's definitions of ourselves, and who are moving toward our own definitions. They are written by mental patients who have stopped hating themselves, and who have transformed that self-hatred into anger. The best method to accomplish that transformation is consciousness-raising.

High-consciousness mental patients are able to decide in what specific ways they want to work politically for change. Some groups have turned to writing, some to political demonstrations, some to legislative action, some to providing patient-controlled alternative facilities--the possibilities are infinite. Equipped with a clear understanding of our own oppression, we become able to decide, collectively, how best to translate our understanding into direct action.(32)

Chamberlin's book On Our Own: Patient-Controlled Alternatives to the Mental Health System has been an inspiration, a validation to countless ex-inmates. Many have read it and turned to the psychiatric inmates liberation movement for further support and to take political action. In On Our Own Chamberlin wrote of her own experiences as a "mental patient", of consciousness-raising, of the movement and of actual and ideal alternatives to psychiatric institutions and other "mental health" system facilities. She told of the Mental Patients Association which was formed in Vancouver, British Columbia (Canada) in 1971:

In early 1971 a group of ex-patients in Vancouver, British Columbia, called a public meeting to discuss dissatisfaction with the

psychiatric system. The organizers had been patients together in a psychiatric day hospital, a supposedly progressive arrangement that treats patients during the day and permits them to go home evenings and weekends. This group of patients, however, did not find the setup supportive, since they discovered that crises frequently arose precisely during the times when staff was unavailable (evenings and weekends), and it was against the rules for patients to see one another or talk on the phone outside the institution. One Monday morning the patients arrived on the ward and learned that over the weekend one of their number had committed suicide. Many strong emotions were expressed, and one immediate result was the clandestine circulation of a patients' phone list.

As time went on, some of the patients discovered that they were relying on these "illegal" phone calls far more than on the therapy they were receiving during day hospital hours, and they began to talk among themselves about the kinds of "help" that were truly useful. By that time all of them had been discharged from the hospital, and they felt that their informal network was the one form of real support they had. They decided to try to find more people who had similar feelings about psychiatric treatment and to discuss with this larger group what could be done.

A sympathetic newspaper columnist wrote a story about the group, publicizing the open meeting they were planning. More than seventy-five people came to the meeting, most of them ex-patients who had equally negative feelings about their treatment. Some had suffered truly horrifying mistreatment--one woman had received more than a hundred shock treatments and had spent years on the "back wards" of the province's public mental hospital. Out of the enthusiasm of finding one another and discovering that they shared similar feelings, the participants decided immediately to provide the services they had been unable to find through mental health agencies. One man offered the use of his

house, and the group soon found itself operating a drop-in center. The question of what to call themselves arose, and after considering several ambiguous names, the group decided on the straightforward Mental Patients' Association.

Today the Mental Patients' Association operates a seven-day-a-week drop-in center and five cooperative residences--all on the principles of participatory democracy. Paid staff members are members of the association, not professionals, and are elected by the membership for six-month terms. All decision-making power is in the hands of the membership, expressed by votes taken at weekly business meetings and at general membership meetings held every three weeks. The Mental Patients' Association is living proof that ex-patients can formulate and run services in which the needs of the clients shape the direction and structure of the organization.(33)

In this book Chamberlin also delineated seven elements necessary for a model alternative service,

1. The service must provide help with needs as defined by the clients.

2. Participation in the service must be completely voluntary.

3. Clients must be able to choose to participate in some aspects of the service without being required to participate in others.

4. Help is provided by the clients of the service to one another and may also be provided by others selected by the clients. The ability to give help is seen as a human attribute and not as something acquired by education or professional degree.

5. Overall direction of the service, including responsibility for financial and policy decisions, is in the hands of service recipients.

6. Clients of the service must determine whether participation is limited to ex-patients or is to be open to all. If an open policy is decided upon, special care must be taken that the nonpatients do not act oppressively toward the ex-patients. In other words, such a

service must be particularly sensitive to issues of mentalism...

7. The responsibility of the service is to the client, and not to relatives, treatment institutions, or the government. Information about the client must not be transmitted to any other party without the consent of the client, and such information must be available to the client.(34)

USING AND BEING ABUSED BY THE LEGAL SYSTEM

An advocate is one who pleads the cause of another. Advocacy is an important tool of the psychiatric inmates liberation movement. Many legal issues confront present and former "mental patients": fighting commitment to psychiatric institutions; exercising basic legal and human rights while in these "mental hospitals" (such as use of the telephone, sending and receiving mail, having visitors, getting outdoors for fresh air); obtaining release from these institutions; refusing "treatment" with drugs, electroshock, isolation cells, ice-cold wet sheets, shackles and psychosurgery; combating discrimination against "mental patients" in employment and housing; procuring disability and welfare benefits for survival. Despite the fact that most of us in this movement feel the legal system in the United States is unjust, we frequently find it necessary to be familiar with and to attempt to use that system to solve the immediate needs of present and former psychiatric inmates. We try to find lawyers and paralegals to assist us. We train ourselves in the law and with related tools necessary to assist ourselves and our sisters and brothers who are caught up in the entangled webs of the "mental health" and legal systems. We have also used the courts to file class action suits and to bring issues before the press and the public.

In October 1979 The Alliance for the Liberation of Mental Patients (ALMP) operated a legal advocacy project with two attorneys in Philadelphia--David Ferleger and Penny Boyd. ALMP received a grant for this undertaking from the National Institute of Mental Health (NIMH), which no doubt was trying to redirect some of ALMP's militant energy into "safer" legal advocacy channels. By previous agreement with the lawyers, ALMP had final decision-making power in regard to who would be given priority in

receiving the available legal assistance. We developed the following categories:

> (1) Providing free legal consultation to former and current psychiatric inmates on problems having to do with psychiatric "hospitalization" and "treatment".
> (2) Providing, to a limited degree, free legal representation to people fighting forced psychiatric commitment or "treatment".
> (3) Defending ALMP members who are arrested or otherwise legally harassed in the course of carrying out Alliance activities.
> (4) Representing the Alliance in lawsuits such as the one currently being brought against Haverford State Hospital....(35)

Although NIMH had signed a one-year contract with ALMP, the government unilaterally cancelled it after six months when ALMP refused to follow a less militant path. The Alliance had been trying for several years to organize inmates at Haverford State Hospital (HSH) ten miles outside of Philadelphia. I myself was fired from a job as a paralegal at that institution for vociferously defending inmates' rights, for passing out militant Alliance literature such as the "Politics of Phenothiazines", and for publicly criticizing the "treatment" inmates received at HSH, the totally inadequate legal representation by the public defender (see "The Haverford Railroad" in Appendix 4), and the refusal of my employer, Mental Health Advocates of Pennsylvania, to file even a single lawsuit against Haverford State Hospital.

From April 17, 1979 to June 27, 1980 ALMP members were arrested on several occasions for distributing our literature to Haverford inmates during visiting hours. With the assistance of our attorneys and ironically with some funds provided by our grant from NIMH (before it was cut off, of course), ALMP and some inmates at HSH sued the State of Pennsylvania and Haverford State Hospital for violating our constitutional rights to free speech and assembly. On May 11, 1981, more than two years after the first arrest, a consent decree (mutual agreement) was signed in federal court. The major points won by the Alliance for the Liberation of Mental Patients and the inmates of Haverford State Hospital were the following:

- -- The right to visits (both individual and group) between Haverford inmates and Alliance members.
- -- The right to exchange information and papers.

-- The right to private (no staff present) group meetings in facilities provided by the "hospital".
-- The right of "patients" and ALMP members to "publicize throughout the hospital the time and place of such meetings by the use of written notices distributed or posted prominently throughout the hospital".
-- Recognition of ALMP by the State of Pennsylvania and Haverford State Hospital as a group "sincerely interested in the civil rights of mental patients" and as advocates.

All the above terms apply to all "state-operated mental hospitals" in Pennsylvania. Most people sue to get out of psychiatric institutions--and with good reason. We sued to get in.

This struggle for access to the institutions has been repeated in several other states in various forms. Another use of the legal system is in individual and class action suits around the right-to-refuse "treatment" and compensation for damage inflicted by psychiatric procedures. One of the first and most effective suits against forced drugging and seclusion was filed in 1975 on behalf of inmates in two units at Boston State Hospital in Massachusetts. This federal case, Rogers vs. Okin, (36) spent eight years in the courts; it was appealed all the way to the U.S. Supreme Court and was then returned to a lower court. Ruby Rogers and several of the other plaintiffs had been involved with a patients rights group conducted by members of Mental Patients Liberation Front on one of the units at Boston State Hospital. The defendants were the State Commissioner of Mental Health and fourteen psychiatrists who worked at the "hospital".(37) Inmates did win a victory in that they gained a limited right-to-refuse "treatment", the exceptions being in certain "emergency" situations and when a judge finds them incompetent and decides that they would consent to "treatment" if they were competent. As with all such legal decisions, constant pressure must be exerted in order to ensure enforcement. Similar cases have been filed in other states, with varying degrees of success, although none have won the absolute right-to-refuse "treatment". In 1978 the San Francisco chapter of the American Civil Liberties Union (ACLU) filed a suit in federal court seeking to put an end to the forced drugging of "mental patients" in all California psychiatric facilities. (38)

It is usually very difficult to obtain money damages when suing psychiatrists. Two reasons for this are that

only psychiatric testimony is considered "expert" testimony by the courts and that all doctors are reluctant to testify against each other. A few such cases have been successful, and like the right-to-refuse "treatment" suits, they have been good vehicles for raising anti-psychiatry issues before public opinion. Ken Donaldson was awarded $20,000 in damages from the doctors who kept him incarcerated in Florida State Hospital for 15 years. The consent judgement was signed on February 4, 1977 in Federal District Court in Tallahassee, Florida, making him the first inmate or ex-inmate to receive money damages for violation of constitutional rights by state officials. (39)

Madness Network News in 1979 reported an out-of-court settlement of over one-half million dollars as a result of psychiatric drugging and mistreatment of a prisoner in Virginia.

> An inmate at the Virginia State Penitentiary who became permanently crippled from large doses of Prolixin, other psychiatric drugs, and gross medical neglect, and who subsequently brought suit against prison officials and employees, has been awarded $518,000 damages in an out-of-court settlement. Henry Tucker, a 41-year-old black man serving a life sentence reduced to 40 years, had been sent back and forth between two prison hospitals for psychiatric "treatment." In both institutions he received unprescribed and uncharted doses of Prolixin in quantities estimated to be "massive." The drugging was sometimes done by other inmates. Tucker's knees, hips, ankles, and elbows became calcified and immobile. Thus paralyzed, he was left to lie for long periods of time without being moved or turned. The bedsores which resulted were not cleaned or frequently bandaged, and became severely infected and finally infested with maggots.
>
> The ACLU of Virginia and the ACLU's National Prison Project filed Tucker's claim after he was transferred to Medical College of Virginia on the verge of death. The suit originally sought over $1 million in damages, but the $518,000 awarded to Tucker represents the largest damages award ever given to a prisoner in the U.S. The ACLU is now moving to close down the Virginia State Pen. infirmary, where medical incompetence, neglect, and unsanitary conditions are prevalent. (40)

Two years later Brian Miraglia was awarded $12,000 as a result of a similar suit filed against Haverford State and Norristown State Hospitals in Pennsylvania. Brian had been held "spread-eagle" in "4-point restraints" across two beds for weeks at a time. The legal action was originally brought under the auspices of the previously described legal project of the Alliance for the Liberation of Mental Patients. (41)

In The History of Shock Treatment, Leonard Roy Frank excerpted the following from the complaint in a lawsuit filed by Attorney Raymond L. Johnson on behalf of Idealla Boyd, mother of Tommie Ray Boyd who died on December 20, 1971 as a direct result of electroshock he had received on that day.

> PLAINTIFF ALLEGES:...
>
> XI. Further, that on December 20, 1971, defendants had administered electro-shock treatment to the minor, Tommie Ray Boyd, who had eaten just prior thereto, and while decedent was in a coma, following the electro-convulsive therapy defendants negligently failed to supervise, care for, and render proper post-electro-shock treatment, thereby causing the decedent to become asphyxiated with aspiration of emesis [vomit], while he was in a comatose condition and unable to care for himself. The negligent pre-electro-shock treatment and post-electro-shock treatment [were] the direct and proximate cause of decedent's death on December 20, 1971....
>
> WHEREFORE, plaintiff [the decedent's mother] prays for judgment against defendants, and each of them, as follows:...
>
> 1. For exemplary or punitive damages in the sum of $3,000,000.00;
>
> 2. For loss of earnings, wages, and other pecuniary losses in the amount of $1,000,000.00;
>
> 3. For loss of love, association, companionship and affection in the amount of $500,000.00;
>
> 4. For reimbursement of funeral and burial expenses in the amount of approximately $2,000.00;
>
> 5. For costs of suit; and
>
> 6. For such other and further relief as the Court may deem just and proper.
>
> [In 1976 a court-stipulated judgment of

$80,000 was awarded to the plaintiff.] (42)

In 1973, Thomas R., a pseudonym for a 34-year-old former engineer, filed a $2 million lawsuit against two well known psychosurgeons, Drs. Vernon H. Mark and Frank R. Ervin, stating that operations they had performed on him over a year's time had "permanently incapacitated" him. (43)

Marilyn Rice received electroshock in 1973. To this day she is a crusader against this form of torture, frequently testifying in person and in writing at governmental hearings on the subject in Washington, D.C. and elsewhere. She sued Dr. John E. Nardini, the psychiatrist who administered this brain-damaging "treatment", for $1 million:

> COMPLAINT (Medical Malpractice) IN THE SUPERIOR COURT FOR THE DISTRICT OF COLUMBIA, Civil Action No. 703-74 MARILYN RICE, Plaintiff, vs. DR. JOHN E. NARDINI, Defendant
>
> On February 8, 1973, the plaintiff...came under the care of the defendant, Dr. John E. Nardini, who recommended that she undergo electric shock treatment; and said defendant assured both the plaintiff and her husband that said electric shock treatments would impair her memory only slightly and for a period not to exceed three or four weeks.
>
> As a result of the electric shock treatments...the plaintiff has suffered what appears to be a permanent amnesia;...which prevents the plaintiff from carrying on her occupation as a Grade 14 economist at the Department of Commerce where plaintiff was a statistical expert on gross national product. Additionally, the plaintiff has, as a result of her memory impairment, been forced to retire from her position and has suffered a substantial drop in income.
>
> The defendant, Dr. Nardini, did not...inform the plaintiff of the prospects of memory impairment resulting from the shock treatment; and the plaintiff was prevented from exercising sound judgment before submitting to the treatment...
>
> As a result of the defendant, Dr. Nardini's, failure to secure the informed consent of the plaintiff to the treatment given

her, the plaintiff has suffered severe memory impairment and loss of ability to earn a living and has consequently been retired from the Government.

WHEREFORE, the plaintiff, Marilyn Rice, demands judgment from the defendant, Dr. John E. Nardini, in the amount of One Million Dollars ($1,000,000.00), plus interest and costs.

PLAINTIFF DEMANDS TRIAL BY JURY

/s/ Peter Larsen
Attorney for Plaintiff(44)

Unfortunately, the court did not rule in favor of Marilyn Rice's suit.

Oppression by psychiatry is related to many other forms of oppression. It is no accident that women, gays, Blacks and poor people--in general, the least powerful members of our society--are subjected to psychiatric abuse in disproportionate numbers. Recognizing this fact, many of us have attempted to create links with other political movements and to form coalitions to address issues of common concern. For example, the Coalition to Stop Institutional Violence, a "feminist group of women opposing the violence of psychiatry and the prison system," succeeded in stopping a proposed special ward for "violent" women at Worcester State Hospital in Massachusetts in 1980. (45)

In May of 1981 anti-psychiatry activists joined with a diverse group of organizations and individuals in a demonstration at the State Capitol Building in Sacramento, California to protest cuts in state SSI (Supplemental Security Income) and AFDC (Aid to Families with Dependent Children) payments and other human services, as well as proposed cuts in federal benefits. Madness Network News described this gathering of three to four thousand people:

...The protesters were representatives of all segments of the population most affected by these cuts: organizations and coalitions of seniors, blind and disabled people, welfare recipients and former mental patients were the main sponsors of the protest.

...Near the steps of the Capitol, thousands were listening to speeches by representatives from the sponsoring groups, including the California Legislative Council for Older Americans, the SSI Coalition, California Coali-

> tion of Welfare Rights Organizations, and the Berkeley Free Clinic. Representatives of other organizations such as the Center for Independent Living, the National Council of Senior Citizens, and the Rank and File Coalition, as well as unaffiliated people affected by the cuts, also spoke. (46)

There are at least two million homeless people in the United States today--many of them living and dying on the streets of our large cities. The "mental health" system and the media are conspiring to present to the American public a blame-the-victim interpretation of homelessness, calling it a result of so-called "mental illness", rather than a product of political, economic and social policies. The 11th International Conference on Human Rights and Psychiatric Oppression addressed this and related issues by unanimously adopting the following resolution in Syracuse in May 1983.

> Homelessness is not an individual or psychiatric problem, despite the fact that psychiatrists have claimed that 80-90% of all homeless people are "mentally ill." This is an example of how psychiatry uses psychiatric labelling to scapegoat defenseless people, rather than doing anything to help solve a serious human problem.
>
> Homelessness is increasing because of powerful social forces over which individuals have little control: Reagonomics and other disastrous economic policies, gentrification (throwing low-income people out of inner-city housing that is then remodeled for the middle and upper classes), the lack of affordable housing because of the for-profit nature of the market, inflation, and unemployment.
>
> A lot of people end up in psychiatric institutions only because they lack homes or jobs. A lot of homeless people have become disabled by the so-called "help" of the psychiatric system. Some people become homeless because of the guardianship system that prevents them from spending their own money (a guardian can refuse to pay the rent, for example, because the guardian decides that the ward is "too disabled" to live unsupervised). And homelessness itself produces legitimate feelings of anxiety and helplessness that can

then be conveniently viewed as psychiatric "symptoms."

Homeless people need housing--not only in shelters on an emergency basis but, in the long-run, in decent, affordable, permanent housing, with supportive services available for those who want them. We also support the right of any homeless person to remain on the street, if that is his or her choice. Homeless people need to know that their homelessness is not their fault--the present welfare system and psychiatric blame-the-victim techniques increase people's feelings of powerlessness. Welfare, Social Security, SSI, and other public benefits need to be increased so that people can actually afford to live in dignity on them. Above all, the psychiatric industry must be prevented from claiming to "solve" the homelessness problem by attributing it to "mental illness," and by offering "therapy," re-institutionalization, and other such psychiatric non-solutions as the answer.

The media coverage that has been given homelessness shows that most journalists have bought the psychiatric line. We particularly deplore and condemn the Philadelphia Inquirer's description of homeless people as "the litter of humanity."

We believe that homeless people by themselves, or aided by others of their choosing, can best solve their problems through organizing, self-help, and political action. (47)

The Incoming Publications Committee of the notorious behavior-control prison, the United States Penitentiary in Marion, Illinois, realized the danger to their system that is posed when oppressed groups unite and organize. In 1977 they returned to its publishers a copy of Madness Network News that had been sent to an interested inmate. The reason checked was "Would be detrimental to the security, good order, or discipline of the institution." Under the section of "comments", the following was added:

> This Publication is being rejected by this Institution because it has a tendency to glorify problem inmates, homosexuals, and prison unions which have caused problems to inmates and staff in the security and good orderly

running of this Institution. (48)

Violence against women, one of history's and present day society's most shameful problems, is also related to psychiatry. At the Tenth Annual Conference seven ex-inmate women wrote a position paper that grew out of a workshop that met to "discuss alternatives to the mental health system in dealing with issues of violence against women." Excerpts from this document, "Mental Health and Violence Against Women: A Feminist Ex-Inmate Analysis," include:

> As women, our credibility is challenged, our words are discounted, regardless of what we say. If we outwardly express our pain by crying or shaking with rage, we are labelled hysterical. On the other hand, if we remain calm the experience of our victimization is denied or not taken seriously. For ex-inmates, or any women with a psychiatric history, this problem is exacerbated. Our status as madwomen is used against us; we're lying, we're hallucinating, or it doesn't matter anyway. (49)

This analysis is also critical of "feminist therapy," which some see as an answer to the violent oppression of women:

WHY FEMINIST THERAPY HAS FAILED US

> ...Women come to the women's movement with huge expectations and needs for support, and often disappointed, turn to feminist therapy to fill that void. This and other uses of feminist therapy are extremely problematic to us as feminists who are former psychiatric inmates and who recognize therapy for what it is: a mechanism of social control.
>
> Treating women's emotions as illness does nothing to 'restore sanity,'. Instead, this capitalist form of care-giving is a direct contradiction to the central tenant of feminism, i.e., that the personal is political. The history of professionalization of medical treatment should give us some ideas about the problems of this hierarchical misogynist structure. Men became frightened of the power of women practicing healing arts, labelled them witches, and worked to destroy them....
>
> How can feminist therapists realistically

> expect us, the victims of the psychiatric system, to believe that this or any other 'radical therapy' is different and will bring about any real change, when they cannot clearly delineate what feminist therapy is, or critically differentiate between feminist therapy and other forms of psychiatric oppression?....All therapies are an abstraction of reality which keeps women talking and not acting...Nor have feminist therapists taken a position on critical issues: civil commitment, coercive voluntary commitment, shock treatment, forced drugging. How then are we to trust them?....

A PLACE FOR OUR ANGER

> Our anger is real. Our anger at our experiences of oppression as women and as psychiatric inmates--of being raped, beaten, locked up, drugged, shocked--is valid and strong. It is not a 'symptom' to be drugged or therapized away. It is, instead, a source of our power, a fuel for our activism. We will not allow anyone--psychiatrist or feminist therapist--to convince us that we are sick because we are enraged, because we refuse to calm down and 'adjust' to a 'reality' that defines us as inferior. We completely reject the idea that there is an inappropriate degree of anger, an inappropriate length of time for our anger, or an inappropriate object for our anger. We rejoice in our identities as madwomen, as furies, strong and proud. (50)

Not all the organizing, educating and informing is as exciting and dramatic as the International Conferences, the demonstrations and the civil disobedience. Much of the day-to-day work in the psychiatric inmates liberation movement consists of visits to inmates in psychiatric institutions, staffing telephone lines with information concerning the effects of and withdrawal from psychiatric drugs and concerning legal rights, housing, and job leads. Many groups are also constantly trying to publicize specific psychiatric abuses such as beatings, killings and the generally deplorable conditions in psychiatric institutions.

We also must be constantly on guard against attempts

by the government and other elements of the psychiatric industry to co-opt us and our organizations. Their attempts to do so have been varied and at times very imaginative and subtle. They often invite a token ex-inmate, or more cleverly, a few, to speak at and participate in conferences dominated by "mental health" professionals. Occasionally the government, through the National Institute of Mental Health or a state "mental health" department, will fund an ex-inmate project as with the legal advocacy project of the Alliance for the Liberation of Mental Patients described earlier and the client-run house of the Mental Patients Rights Association in Florida. Strings are usually attached to such grants to keep their recipients from becoming too militant or otherwise disruptive to the existing "mental health" system. A few years ago NIMH created the National Paralegal Institute to train people as paralegals in "mental health" law and advocacy. The majority of the trainees were internal advocates already on the payrolls of established "mental health" institutions and other so-called facilities.

It is difficult for us to decide when to accept and when to refuse grants, speaking engagements, travel expenses, etc. from these agencies. After all, we do want to educate the public, including those who presently work as "mental health" professionals. (There is a vast difference of opinion in the movement on how much energy should go into this particular effort.*) Sometimes we can reach tens or even hundreds of other inmates and ex-inmates at a conference sponsored by a government agency. Our organizations and we ourselves are often very poor and in need of money for survival. Co-optation is a constant threat. Despite our disagreements on short- term strategies, most of us are working for the long-term

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* There have been a few cases in which people working within the "mental health" system have taken a stand against psychiatric injustices. Gayle Schucker is one of them. She left her job as a psychiatric nurse at Herrick Hospital in Berkeley, California, submitting the following letter of resignation on June 11, 1975.

> ...I realize that because of the label "mental illness," we proceed to "treat" persons as such with drugs, seclusion rooms, and other forms of what I consider a furtherance of peoples' alienation and fear of others. I can no longer take part in this process...

abolition of the psychiatric system.

As with all other people who attempt to work together, we must constantly deal with our own conditioning, prejudices and shortcomings, with our own destructive discriminations--our mentalism, our sexism and our racism. It is my opinion that we've not surprisingly made the most progress in reducing our mentalism toward each other. A considerable amount of effort has been spent struggling around sexism, the oppression of women in the movement by men (e.g., through male dominance at Conference meetings, in local groups, etc.). There is still, of course, a continuing struggle in this area. The least amount of progress has been made in confronting our racism. Unfortunately, very few Black and other Third World people have become involved in the psychiatric

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To be more specific, I am concerned with many practices that I feel are destructive and perpetuating of the patterns of behavior the person presents. Some of these practices include:

1. Extended, prolonged, use and misuse of medications.
2. Patients not receiving substantial and complete information in regards to side effects they may encounter as a result of medications which I feel they have a right to.
3. The use of Electro-Shock treatment which I question the overall value of and question the effects of brain damage which I know is documented in many cases.
4. The length of time spent by personnel in charting and the fact that patients do not have access to these records upon request.
5. The injunction against physical contact inhibiting patients receiving nurturing contact versus repressive contact (i.e., restraining a patient, breaking falls, etc.) which is encouraged and validated in our communication log.
6. The using of seclusion rooms which are first of all very lacking and dangerous even in their physical design. I am aware that the seclusion rooms do not

inmates liberation movement, despite the fact that these groups have been labeled and locked up in psychiatric institutions in disproportionately large numbers. We have had workshops at our Annual Conferences to discuss and change this fact. A special Third World Issue of Madness Network News was put out in March 1976.

Suicide is a very potent force among present and former inmates. Sometimes people are "suicided" by psychiatry, driven to such despair by their incarceration, stigmatization and their minds being destroyed by drugs and literally burnt out by electroshock, that they take their own lives. Ernest Hemingway, the great American writer, was one such person. He described the effects of

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afford patients protection from bodily harm--they have bare walls, tile floors, a frosted window high up, a mattress, pillow, and a locked door, and are extremely cold in winter. Such rooms further encourage feelings of isolation, do not provide for contact which I feel is essential for the person's well being. I do recognize the need for a quiet room, a place for comfort and for releasing feelings, but not as it exists at this time. I have seen patients remain in seclusion for long periods of time and later we question why a person does not progress. I think the patient does not get better because there is an encouragement of distance from the person and a discouragement of closeness and trust building relationships.

7. I observe patients continual and repeated returns to the hospital and I think this is due to the fact that we have no viable alternatives for them, and that they have by this time bought the idea that they are in fact ill and the only place to get well is the hospital. However, repeatedly, I hear their voiced frustrations in regard to being in the hospital with a lack of things to do even down to simple things such as providing good reading materials on the ward. (51)

electroshock to A.E. Hotchner, who was visiting him at the Mayo Clinic in Rochester, Minnesota in January 1961:

> What these shock doctors don't know is about writers and such things as remorse and contrition and what they do to them. They should make all psychiatrists take a course in creative writing so they'd know about writers....Well, what is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? it was a brilliant cure but we lost the patient. It's a bum turn, Hotch, terrible...."

In early July 1961, a few days after being released from the Mayo Clinic, where he had just finished a second electroshock series, Hemingway killed himself at his home in Ketchum, Idaho. (52)

Suicide can also be viewed as a form of protest, perhaps the most powerful statement one can make against the society we live in. Bill Krom, a friend of mine, killed himself in 1978 after several previous unsuccessful attempts at escaping his awful life. Bill had been in psychiatric institutions many times, as had his wife and their teenaged child. He spent a good deal of time at the office and drop-in center of Mental Patients Liberation Front in Boston. He had a very bad case of tardive dyskinesia and was constantly grimacing in a very grotesque way due to this disease induced by the psychiatric drugs he had been forced to take for years. He couldn't get a job and naturally dreaded going for job interviews.

Several of our friends in the psychiatric inmates liberation movement have similarly taken their lives. Jaap Valkhoff hung himself less than a year after he attended the Eighth International Conference on Human Rights and

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Gayle has worked extensively in the fight against psychiatry since her resignation. A few others have resigned in other places at other times. Some "mental health" workers and professionals support particular positions of ours such as the abolition of forced incarceration and "treatment". Unfortunately, such support is the exception, rather than the rule. I feel there is untapped potential in obtaining the support of the lowest paid workers in the heirarchy (perhaps through their unions)--the attendants, guards and "psychiatric technicians" who are ordered by the powerful psychiatrists to do their dirty work, including holding down inmates for forced injections and throwing them into isolation cells.

Psychiatric Oppression as a representative of the Dutch Clientenbond (the national union of patients). Jaap had written in Madness Network News concerning the Conference:

> Our movement is growing. The national and international ties among the organizations of (ex-) inmates and anti-psychiatry activists are becoming stronger every year. Indeed, the inmates united will never be defeated! (53)

In July of 1977, Saralinda Grimes, a 19-year old member of Women Against Psychiatric Assault (WAPA) committed suicide. Madness Network News printed excerpts from her journal written three months before her death. They were reprinted "in the hopes that all of us who sometimes share Saralinda's desperation can support each other enough that we can find a better solution to problems she was so starkly confronting." These excerpts were:

> I can't see how I can live my life without compromising. I don't want to live my life that way. If I try to live my life that way without compromising, then I know I will be defeated. Straight male money values are very powerful. I feel defeated before I begin.
>
> I want to fight, but feel so pessimistic. I feel I can't win. I feel alone because I'm not in touch with any women who are committed, who are willing to put their lives on the line. I feel being alone will hurt me more than if I didn't continue to live another day. It would be more comforting to be with a group of women who feel as I do, but I think we would still end up dead. Eventually. What we're fighting against is so powerful.
>
> I don't want to go back to the hospital because it won't let me get away undestroyed. If it was unable to force treatment on me, if I could do what I wanted to do in there, I could find support from more people, because being where I am I will be destroyed before I reach the people who could support me.
>
> I know I am down and not seeing some things. My feelings are very strong and real and it's going to kill me sooner or later. I am so bitter, angry, and frustrated. It is not "all in my head;" my feelings are due to this society.
>
> Some people expect me to fight this

society instead of killing myself (let The Man destroy me). But why do these people demand it of me when they aren't even fighting. They are compromising. That's not for me. My feelings are too strong.

I am a Lesbian. I am a Feminist. Why shouldn't I live my life as one without constant repercussions?

Why should I live? I don't hate myself. I love myself enough to know I shouldn't stay here another day.

I don't want people to grieve and mourn over me when I'm gone. I want them to be happy for me, not disappointed that I didn't just stay and fight or compromise, but be proud that I had the courage and intelligence to get the hell out.

People say once I've done it, there's no coming back. I am sure as hell glad. What makes you think for one second that I should stay here? I see no solution for all this mess. Nor do I see an end. Too many and I mean too many people are used to compromising. A handful of people have stopped compromising, but they have been or will be destroyed. I don't want to give The Man that satisfaction. I want to save myself from any more torture. Stuart (a patient) always says "Stop torturing me." But they never do and never will until he's gone.

I want to tell someone all this and have them convince me this isn't true, but I don't think anyone can lie to me that well. Not anymore. (54)

The organized psychiatric inmates liberation movement has formed a culture of sorts--or perhaps of various sorts over the past 14 years. Present and former "mental patients" have written books, articles and position papers. We have produced newspapers and newsletters, poetry, music, art and films concerning our movement and our lives. Some call it a MAD culture--the culture of madness.

Madness Network News has been a dedicated and indispensible mouthpiece for ex-inmates and their/our organizations. Our voices demand to be heard. In Appendix 1, I have reprinted "An End to Silence," a poem by Leonard Roy Frank which originally appeared in Madness Network News. (55) I have quoted extensively from this newspaper as well as from other works of

ex-inmates, including On Our Own by Judi Chamberlin, The Madness Network News Reader, The History of Shock Treatment also by Leonard Roy Frank, and "The Politics of Phenothiazines" by members of the Alliance for the Liberation of Mental Patients--to name but a few of many.

Thousands of people throughout the country, and in Canada and Europe have been deeply moved by viewing the film Hurry Tomorrow. In this documentary Richard Cohen and Kevin Rafferty depict the wretched conditions and forced "treatment" that inmates must endure on a locked psychiatric ward at Metropolitan State Hospital in Los Angeles. (56) In her review of this film that is shown at the Annual Conferences and throughout the year in various locations from coast to coast, Jenny Miller wrote of its power and consequences:

> We meet other patients such as Jack, a fireman forced into early retirement due to a heart attack, who is now involuntarily incarcerated because his wife says he's "depressed." And a young Chicano man barely able to stand up as a result of the drugs. His main symptom is that he thinks the hospital staff is trying to kill him. Luckily the hospital staff was unsuccessful in their attempts to have the film banned when it was first released in 1975. Showings of the film throughout California sparked a much-publicized investigation of patient deaths in the state hospital system, leading to the inevitable whitewash by state officials. Although conditions shown in the film haven't changed, I left it feeling inspired rather than sad. Moments of caring between inmates and their flashes of rebellion against a system set up to strip them of all humanity gives the viewer a renewed sense of the possibilities of resistance. (57)

Do No Harm is a documentary film by Don Goldmacher about the economics of and corruption in the drug industry. It has been effective in educating people about the use and misuse of drugs, especially psychiatric drugs, in our society. For example, the film relates that drug companies spent $5,000 per physician on advertising alone in the United States (and that was ten years ago!). The drug industry controls much psychiatric research, conferences, medical schools and psychiatric and medical journals through advertising and grants.

A Canadian ex-inmate organization, Groupe Auto-Psy produced La Psychiatrie va mourir (Psychiatry is gonna

die), a 30-minute videotape of the Tenth International Conference on Human Rights and Psychiatric Oppression in Toronto in May 1982. (58)

Filmmaker and activist Richard Cohen is presently working on "a documentary film about the ex-inmates movement with special focus on the campaign to outlaw electroshock treatment in Berkeley." In a letter to readers of Madness Network News Richard informs us that "The film to date highlights the civil disobedience at Herrick Hospital, courtroom arguments, testimony by shock survivors and much more. Because of the controversial subject of the film, traditional funding sources have not been available." He asks that donations be sent to him, payable to the Regional Young Adult Project at P.O. Box 22251, San Francisco, CA 94122, so that he may finish this important work. (59)

Many songs have come forth from our movement for liberation--songs that cry from suffering and for freedom. Three of them were sung by participants in the 1976 sit-in at Governor Brown's office in California. They are adaptations of songs in Holly Near's album "Hang in There." Their words speak for themselves.

TALKIN' ABOUT THE MENTAL PATIENTS MOVEMENT

We're here to talk to inmates
We know they won't be still
We're tired of psychiatry
Which says, pay me and take your pill.

Inmates, did they tell you
That drugs would set you free?
Strange how that rumor got around
That's exactly what they said to me.

The inmate sings a love song
It's a ballad of her rights
I hear that inmate is sleeping in seclusion room tonight.
CHORUS: Talkin' about the mental patients movement
Hear my song, carry it on
Something that feels this good to me
Just can't be wrong

"Stop Shock Treatment" it echoed,

Body and soul awoke...stormy weather rushing round my brain
So we're going to rock this misery boat.

CHORUS: Talkin' about the mental patients movement...

Some landed in Camarillo
Some landed in McLeans
But wherever we go we see a horror show because shrinks are paid to keep us in chains.

IT COULD HAVE BEEN ME

A woman up at Napa
Not 40 miles away
Was killed by a shot of Prolixin
Cause she didn't want to stay

When a woman cried out angry
They'll drag her to the ground
You can kill a woman, but not a song
When it's sung the whole world round

It could have been me, but instead it was you,
So I'll keep fighting the war you were fighting as if I were two,

I'll be a student of life, a singer of songs,
a farmer of food, and a righter of wrongs,
It could have been me, instead it was you,
So I'll keep fighting the war you were fighting as if I were two,

If you can fight for freedom
Freedom, freedom, freedom,
If you can fight for freedom, I can too!

NO MORE GENOCIDE

Why do they call us the enemy,
These "crazy" people they've been drugging
Are you and me.
Why do they want the inmates to die

Why do they say "sane" and "nuts"
Oh why, oh why, oh why?

CHORUS: Well that's just a lie
One of the many and we've had plenty
We don't want more of the same
No more genocide in our name!

Why are the psych books so full of lies
When no word is spoken about why the inmates die,
Or that we women can think and understand
Why do the books all say thought was
Discovered by white man?

CHORUS: Well that's just a lie...

How can they shock children who are so young
Why are there only shrinks around when it's done?
Why are so many inmates black or brown
Do they say it's because they're no good
At keeping their anger down?

CHORUS: Well that's just a lie... (60)

The Network Against Psychiatriac Assault is one place to get more information about the psychiatric inmates liberation movement and psychiatric oppression. NAPA presently has available the following literature:

SHOCK PACKET - Contains first-person accounts of what it's like to have shock, articles on the politics and effects of ECT, in-depth history of Berkeley's campaign to ban shock....

PSYCHIATRIC DRUGS - by Dr. Caligari. Everything you should have been told but weren't. [Third edition, greatly expanded and revised, March 1984]...

PSYCHIATRY AS A TOOL OF REPRESSION - An article by Jenny Miller from Science for the People, analyzing the history and politics of psychiatric coercion, includes history of the movement....

THE HISTORY OF SHOCK TREATMENT - edited by Leonard Roy Frank. A 206-page book of more than 250 chronologically arranged

excerpts and articles on psychiatry's most controversial procedure....
STOP FORCED DRUGGING POSTER - Color poster of angry demonstrators and greedy-looking psychiatrists with slogan 'To Hell with their Profits, Stop Forced Drugging of Psychiatric Inmates!'....
BIBLIOGRAPHY ON PSYCHIATRY AS SOCIAL CONTROL - Extensive listing of books with comments by ex-inmate reviewers....
NAPA NEWSLETTER - Bulletin of meetings and events in the S.F. Bay Area, includes articles on local movement. Published every 2 months more or less. (61)

I have chosen to concentrate on the psychiatric inmates liberation movement in the United States because of my familiarity with this particular segment of the international movement. I have made brief mention of organizations of ex-inmates in other countries of the world. Active organized resistance to psychiatry exists as well in Canada, Europe, Latin America, Iceland and Australia. Each issue of Madness Network News carries an updated list under the title "Psychiatric Inmates' Liberation/Anti-Psychiatry Groups." Some of the publications of these organizations appear as well. The listing from the latest issue appears in Appendix 5. Each issue also lists "Contact People" who are interested in talking about psychiatric inmate liberation issues and starting new organizations.

"Tortures", a poem by Rose, for me, speaks with power of the defiance, the suffering and the resistance.

Tortures

from an angry woman ex-mental patient
veteran of shock-prolixin-lithium etc
i've had no allegiance
to the armies of social control.
i spoke too openly in high school
thought too deeply and lived with
such high-risk being
that i ended up with electrodes
strapped to my temples
and prolixin in my blood.

i've had courage enough
to do what i must in spite of real fears
and i pay

being mental patient-emotionally disturbed-
labeled-discarded trash.
120 volts of current, thorazine, powerless,
lithium, stelazine, against
my will, artane, prolixin,
yes, doctor, i agree, can i
get out, mellaril, elavil,
navane, luminal, blurry
vision, swollen hands, submit
enough to still us, shame us, control us.
i bare a tortured fist, clenched in
determination and fear.

by Rose, 1976 (62)

EPILOGUE

I had originally intended this section to be a detailed update of relevant events that had occurred and news stories that had come out since the writing of the rest of Mass Murderers in White Coats. Because so much has happened so fast and because my time and resources are so limited, I know that by the time I finished writing such an update that much more would have happened or have been uncovered and I'd get caught in an endless cycle of researching, writing and updating--with no book. So I have decided to conclude here, after a brief mention of omissions, elaborations on some topics and references to some recent events.

Of course, psychiatric genocide does not end with this book. For this reason I have set up the Psychiatric Genocide Research Institute as an ongoing project to document the past and continuing atrocities and killings. I hope that interested readers will submit information and materials to me to ensure the viability of this venture.

•The National Institute of Mental Health conducted the "most comprehensive survey of mental illness ever" and concluded that one out of every five adults, or 29 million people, are "mentally ill" at any given time in the United States. Dr. Darrel A. Reiger headed the $15 million door-to-door survey of 10,000 people living in Baltimore, New Haven and St. Louis. Fortunately only about 20 percent of those surveyed sought "medical treatment". One must also wonder whether the "treaters" sought them rather than visa versa.

•The psychiatric establishment, led by the American Psychiatric Association, has stepped up the public indoctrination campaign of attributing the vast social problem of homelessness to "mental illness" amongst homeless people. Dr. John A. Talbott, president of the APA, called for a national policy to provide the homeless with "treatment".

Throughout the country major newspapers employ obvious rubber stamp mouthpieces for such "mental health" system views. For example, Jean Dietz, a regular pro-psychiatry writer for the Boston Globe, stated, "Between 25 and 50 percent of the nation's homeless suffer from serious, long-lasting forms of mental illness, according to studies cited in the report [of the APA Task Force on the Homeless Mentally Ill]."

A similar study, published in the December 1984 issue of the American Journal of Psychiatry by Dr. Ellen L. Bassuk, a psychiatrist at Harvard Medical School, concluded that most people who spend the night in shelters for the homeless are "mentally disturbed". These studies are used to advocate the locking up of thousands of homeless people in psychiatric institutions--a kind of reinstitutionalization program to counteract the deinstitutionalization of the past 20 years.

Other attacks on the homeless include their forced and illegal removal from the streets on cold nights this past winter by order of large-city mayors Wilson Goode of Philadelphia and Edward Koch of New York. Also in the fall of 1984 Santa Cruz, California hoodlums made a sport of beating up homeless people, calling it "troll busting". In just a three-week period, a store in that town sold 3000 "Troll Buster" T-shirts with a caricature of a drooling "degenerate" (label used by the Los Angeles Times) covered by a red circle and slash. Cartoonist G. B. Trudeau recently ran a series of vicious attacks on the homeless in his popular comic strip "Doonesbury".

•Nancy Hopper, a 27-year-old psychiatric inmate bled to death over a two-day period while in solitary confinement (a "seclusion" room) at the Solomon Carter Fuller Mental Health Center in Boston. She had been refused medical treatment for what turned out to be a ruptured tubal pregnancy. Four months earlier, in August 1984, 28-year-old Alpheus Shelley died at this same institution of extreme overheating while he was in shackles ("restraints") also in solitary confinement. Deaths like these occur regularly wherever there are psychiatric institutions and anybody who reads the newspaper and cares/dares to remember, knows it.

•Eleanor Bumpers, a 66-year-old poor Black woman with high blood pressure, arthritis and diabetes, was murdered by New York City Police in her Bronx apartment where she had fallen behind in her $89.44 monthly rent payments. No less than six cops from the Emergency

Service Unit (a squad set up to deal with "emotionally disturbed" people) were present when one of them killed Mrs. Bumpers with two shotgun blasts. Deputy Police Chief John P. Lowe stated, "Our officers are not allowed to fire warning shots. They are trained to hit the target, not a leg or an arm, but the main part of the body." Police alleged that Mrs. Bumpers tried to attack one of them with a knife after they broke into her apartment.

•David Kennedy, son of the assassinated Senator Robert F. Kennedy, died suspiciously on April 25, 1984. A combination of drugs--cocaine, the painkiller Demerol and the psychiatric drug Mellaril--are said to have caused his death. Two bellhops were charged with selling the cocaine to Kennedy. As of yet no psychiatrists or other doctors have been charged, or even named, for pushing the Mellaril.

•Martha Knapp, a psychosurgery victim collected $500,000 in a November 1984 out-of-court settlement from Dr. Thomas Ballantine of Massachusetts General Hospital and Harvard Medical School. Ballantine, the "Butcher of Boston", is one of this country's most prolific brain mutilators. In 1974 he performed a "stereotactic cingulotomy" on Knapp, driving needles through her skull and severing bundles of nerves in her brain.

•All of a sudden the U.S. Justice Department's Office of Special Investigations supposedly began an intensive search for Dr. Josef Mengele, the "angel of death" medical torturer at Auschwitz. Mengele has been protected by U.S.-supported, South American military dictatorships working closely with the U.S. military and their intelligence agencies for the past 40 years. He was arrested and freed by the U.S. Army right after World War II. The Office of Special Investigations was set up in 1979 with the avowed purpose of hunting down and deporting Nazi war criminals who had "slipped into" the United States. Its real purpose is to do the exact opposite--to keep the lid on the boiling cauldron of continuing U.S. protection of and involvement with thousands and thousands of Nazi war criminals. The OSI's methods are very clever. A few token war criminals have been allowed/pressured to leave after decades of protection and official U.S. government hospitality.

Arthur L.H. Rudolph, Nazi rocket scientist and immigrant to the United States, was permitted to leave here in 1984, at age 78, under a secret agreement with the Justice

Department to renounce his U.S. citizenship. The OSI didn't even release the story to the public until seven months after Rudolph had departed. Rudolph was part of the Project Paperclip migration described in Chapter 3. In Nazi Germany he worked thousands of slave laborers to death building V-2 rockets. In the U.S. he coordinated the development of the Saturn 5 rocket that carried U.S. astronauts to the moon. He first worked with the U.S. Army and then with the National Aeronautics and Space Administration (NASA). Rudolph is but one of many imported Nazi scientists. What about the rest of them? And why did the government wait so long to "pursue" them--until after they had finished their work and until many had either grown old or died, such as Wernher von Braun?

The OSI especially loves to go after dead Nazis and "small fry" in the United States, a few tokens to keep up the image of "Nazi-hunting" and to keep the lid on the cauldron. Nazi mass murderers who were allowed to leave the U.S. recently included Feodor Fedorenko, 77, who had been a guard at the Treblinka death camp; Alexander Lehman, 64, who killed Jews during World War II as a Ukrainian Nazi police officer; John Avdzej, 79, former regional mayor in Nazi-occupied Byelorussia, nearly all of whose Jews were murdered during Avdzej's term; Hans Lipschis, a Lithuanian SS guard at Auschwitz; Anatoly Hrusitsky, who was allowed to leave for Venezuela; and Viorel Trifa, the Romanian Iron Guard leader whose atrocities are also elaborated on in Chapter 3. As of this writing in March 1985, the OSI has only the deals struck with these six Nazi war criminals to show for six years of "Nazi-hunting" and, of course, none of them were brought to trail in the United States. Presently, the U.S. government is stalling in extradition hearings for 85-year-old, ailing Andrija Artukovic who was the wartime minister of the interior for the Nazi puppet government of Croatia where he oversaw the extermination of 750,000 Jews, Serbs, gypsies and Orthodox Christians (again see Chapter 3).

The manner in which the government and the media conspire to downplay U.S.-Nazi cooperation is at times very imaginative in true "1984-like" fashion. John Loftus, author of the Belarus Secret, a book about the postwar movement of Nazis from Byolorussia to the United States is billed as a holocaust expert (See Chapter 3). Loftus, formerly an attorney with the OSI has been backtracking lately and saying in articles and speeches that only a small percentage of the U.S. intelligence community knew about

and participated in the importation of Nazis and that they acted without higher government authority and against U.S. policy. He has also publicly tried to downplay the role of the Vatican in moving thousands of Nazis from Germany, through Italy, to South America and other parts of the world.

•Italy freed their last Nazi war criminal, SS Major Walter Reder, who had been imprisoned for the World War II slaughter of 1830 Italian villagers. In January 1985 Reder was flown to a military base in Austria and greeted by no less an official than Defense Minister Friedhelm Frischenschlager.

•Klaus Barbie's trial has been delayed by the French government for over two years. This must attest both to the vast extent of World War II collaboration with the Nazis by certain still-powerful French people and to the still present worldwide power of the Nazis and their protectors.

•Apologists for psychiatry in Nazi Germany have been very active recently. Geoffrey Cocks, a history teacher at Albion College in Michigan recently brought out Psychotherapy in the Third Reich: The Göring Institute. The book's title alone is absurd. Psychiatrist Robert Jay Lifton is a kind of John Loftus of Nazi psychiatry researchers. He has reviewed Cocks' book and is soon coming out with his own book on Nazi doctors. Lifton has written articles which gently explore the "psychological mechanisms and defenses" of Nazi-doctor mass murderers, whom he has personally interviewed and whose identities he will not reveal. One feels he might like to have these killers as clients in psychotherapy. Again, very cleverly he has established himself with liberal credentials, seemingly taking public anti-war and anti-nuclear positions.

•In 1978 tens of thousands of doses of Thorazine and other psychiatric mind-control drugs were found at the scene of the mass murder (not mass suicide) in Jonestown, Guyana. Jim Jones and his cohorts used these drugs and other advanced mind-control techniques in this colony that was most likely a population control experiment/operation of the U.S. intelligence agencies. (For further information on the Jonestown massacre send $3 for a copy of Jonestown and the CIA: Black Genocide Operation to its author John Judge, Box 6586, T Street Station NW, Washington, D.C. 20009).

•During a news-blacked out invasion of Grenada in October 1983, the U.S. Air Force bombed a "mental hospital" there killing many of the inmates. It's hard to believe the bombing was accidental, given the technical sophistication of present day military targeting. The Reagan government then sought $40 million in aid to Grenada--$360 per inhabitant--to rebuild that psychiatric institution. By comparison, the gross national product, counting the value of all goods and services produced in that tiny island country, was only $100 million in 1981, or $850 per person. Was the Grenada "hospital" the scene of another Jonestown-type mind-control experiment?

•After the partial meltdown in the disaster at the Three Mile Island nuclear power plant in Pennsylvania, nearby residents were deluged with expensive psychological studies and free counseling to help them "adapt" to a nuclear world, birth defects in their children, and so on. Similarly, such counseling is often offered to laid off and unemployed workers to cool them out and help them adjust to, rather than confront, the oppressiveness of the political and economic system. One place this was done was in Athol, Massachusetts, where Union Twist Drill (UTD), a tool manufacturing plant and major area employer, was shut down and moved south by their parent company, the union-busting conglomerate, Litton Industries. Subsequently, a hospital in Greenfield--25 miles from Athol--set up a free counseling program for the workers.

•The United States government has kept a few thousand Cuban "mental patients" from the 1980 Mariel boatlift to the U.S. locked up in camps and psychiatric institutions for more than four years and has been negotiating with Cuba to have them returned there. Finally the Cuban government reluctantly agreed.

•The National Institute of Mental Health, along with state Departments of Mental Health and the various Mental Health Associations have increased their attempts to co-opt the psychiatric inmates liberation movement to unprecendented levels. The carrot-offering arm of NIMH, lately known as Community Support Services, and other government agencies are offering tens of thousands of dollars to groups and individuals who are willing to do watered-down, depoliticized "organizing" of "mental patients". They are presently paying salaries and nationwide and worldwide travel expenses and honorariums to safe and/or token ex-inmate speakers at conferences of

"mental health professionals". Several compromised and/or opportunistic ex-inmates are going for the bait. NIMH is also funding a national ex-"patient" teleconference and supporting "self-help" projects in an attempt to neutralize our militancy, direct energies away from political confrontation of the psychiatric establishment, and, of course, to control groups' purse strings. The American Psychiatric Association is also stepping up its cooptation effort by inviting certain ex-inmates to participate in the APA's annual meeting in Dallas, Texas in May 1985 to "look for common ground". Mass Murderers in White Coats, of course, argues, and I hope persuasively, against the existence of such common ground.

APPENDIX 1

AN END TO SILENCE*

by Leonard Roy Frank

silent too long
time now to speak truth

time now as pendulum crests to swing back
     not with like for like
     not with weapons used against us
     but with conscience call to people
to reveal atrocities we have known
to demand accounting from false healers
     in brown shirts under white jackets
     conditioned to/thru brutality
     having enstoned their hearts
damned us by inches by miles

first off
      we will call things
         by their real names
treatment forced upon another against his will is torture
its not drug treatment   its drug torture
its not shock treatment   its shock torture
its not psychosurgery   its psycho torture
barbarism in name of benevolence is still barbarism

road to hell is paved with good intentions
     goes old saw
in new psychiatry
     as in old

---

* This poem is reprinted from The History of Shock Treatment, ed. Leonard Roy Frank. San Francisco: 1978, p. 104.

road to other fellows hell is paved with
good intentions of
those who send him there

weve been in places where
minds that will not be
mystified and
manipulated are
mutilated
whether done by
chemical
electrical
surgical
means is less important than
sameness of effect produced
human beings
robbed of their beingness
reduced to potatoes
with no return

weve seen acute treatment wards
with their "refractory patients"
not yet broken in spirit
weve seen back wards
with their "chronic schizophrenics"
those who have been
victims of no disease
but treatment
by doctor double think demons
whose deeds betray their words
and so they mock their oath
weve seen these places
these pill palaces
these shock mills
these brainwashing factories
from inside we know their total rottenness
reforming them
nonsense
like putting axe to branch of dead tree
which must be struck at root

we must let out our madness
our anger
and demand that
these gracie squares
these pontiac states
these langley porters
these little auschwitzes be abolished

we don't go thru belsen extermination center
and rebuke officials for
overcrowded gas chambers
we scream out our horror in face of
mass murder
then we FREE THE INMATES and
CLOSE DOWN THE PLACE
going thru belmont hills psychiatric center
with shrink stink in our nostrils
we retch our disgust at spectacle of
mind murder
then we FREE THE INMATES and
CLOSE DOWN THE PLACE

throughout our land
in hundreds of these places
for hundreds of thousands we left behind
inquisition hasnt ended and 1984 has begun

we see them on wards
and in isolation
and in treatment rooms
we see them strapped onto beds and tables
writhing and convulsing
in their agony
we hear their pleas for mercy
their gasps
their screams
we feel their pain
their humiliation
their tears
rolling
down
our
cheeks
and our souls rebel within us
this barbarism must cease

APPENDIX 2

ALTERNATIVE THERAPIES CRITICIZED

and the

ROLE OF "MENTAL HEALTH" WORKERS

in the

FIGHT AGAINST PSYCHIATRY

This appendix is included to address some issues concerning workers and "professionals" in the "mental health" system, especially those who consider their therapy to be alternative, progressive, radical, feminist, anti-psychiatry or otherwise different and better than more traditional counseling or psychotherapy. As indicated in the reprinted article "Therapy against the Movement" which appears at the end of this section these "alternatives" take part in the labeling and invalidating process also. (See also the criticism of feminist therapy, beginning on page 203.) They make money off our pain and suffering. Some of them have "anti-psychiatry" conferences and invite a token ex-inmate or two. As with other oppressed groups we buy into our oppression in various ways. For example, ex-inmates sometimes look to "anti-psychiatry" gurus such as psychiatrists Thomas Szasz and R.D. Laing with more respect than we look to each other. That Szasz and Laing have contributed to a critical analysis of psychiatric oppression is not the point. The most complete analyses, the most thorough understanding can only come from the oppressed group itself, in this case present and former psychiatric inmates/"mental patients". This fact is now more clearly recognized in regards to other oppressed groups--women, Blacks, Hispanics, gays and others. It's time for it to be applied

to our liberation movement and for us to apply it to ourselves.

My views on these issues are a result of my experience both as a "mental patient" and a counselor. I worked as a counselor two and one-half years--one year I was an intern at a Massachusetts state psychiatric institution (Boston State Hospital), the rest of the time a live-in counselor at a half-way house for people who had been labeled "retarded". I also studied counseling in graduate school, as I said earlier, and received a Master's degree in this field in 1976. My experiences as a psychiatric inmate are described in the Introduction.

The heirarchy of power within the "mental health" system approximates the following:

1. Psychiatrists
2. Psychologists
3. Psychiatric nurses, social workers, and other therapists
4. Psychiatric technicians, attendants, and other "primary care" workers

As one goes down the heirarchy, power and salaries diminish markedly. It is not unusual for a psychiatrist to receive five, ten or more times as much money as an attendant. These attendants, and to a lesser extent the others in the "mental health" system, are required to do the dirty work ordered by the psychiatrists. In a typical forced drugging situation, for example, the psychiatrist writes the order, four or more attendants hold the protesting inmate down, and a nurse gives an injection of Thorazine or some similar chemical straightjacket.

My strong belief is that the psychiatric system must ultimately be abolished, not merely reformed. Of course, this will not happen in the near future. There are ways for people working in the system to oppose its oppressiveness too. There will always be advantages and disadvantages (and limits) to opposing the system from within. (This is by no means a new idea--a similar case can be made for resistance to any system.) Psychiatric workers at the lower levels have the most to gain by confronting those at the higher levels in an organized manner--perhaps through their unions--around such issues as forced drugging and other coercive aspects of "treatment"/torture. It is incumbent upon those workers who do question the acts they are ordered and otherwise compelled to do to find other means, as well, of challenging psychiatric oppression and offering their support--not their leadership--to the psychiatric inmates liberation movement. Well publicized resignations, although unlikely to happen

en masse, can be an effective tool in the fight against psychiatry.

There is no easy solution. Any change must be fought for; risks must be taken. Isolated workers can easily be fired, socially ostracized, even declared "crazy" themselves. In the long run, if psychiatry is to be abolished, hundreds of thousands of "mental health" workers must be retrained and employed in other areas. Financial support must be given to displaced workers during their retraining. In this respect the process would entail political and economic aspects somewhat analogous to those necessary were we to eliminate nuclear power or drastically reduce and redirect military spending into people-oriented, rather than profit-oriented production. Those who believe in revolutionary change and justice for all (and it's a shame that, for many, revolution has become a dirty, obsolete, trite or co-opted word--as in revolutionary new laundry detergents) must include in their revolution, in their view of social change and a just society, the elimination of all forms of mentalism and psychiatric oppression.

The following article was written by a woman whose pen name is Arrow and me when we were members of the Alliance for the Liberation of Mental Patients in Philadelphia (We've both moved from Philadelphia since). It first appeared in Community: Philadelphia's Progressive Paper in January 1980 and was part of a dialogue that resulted from an ad placed by a PhD therapist which offered "Radical Psychotherapy: For Gay and Straight Men Struggling to Integrate Political Commitment with their Personal Growth."

THERAPY AGAINST THE MOVEMENT

by Arrow and Lenny Lapon

Can psychotherapy be radical? For us, the concept of radical psychotherapy brings to mind the idea of "corporate ethics". Something is either corporate or ethical, but not both. Likewise, something is either psychotherapy or it is radical. To many, this might appear to be an oversimplification. However, there are several reasons to view therapy in this way.

Therapy tends to focus on the individual, to blame

her/him for her/his problems rather than the various forces and conditions in our society that cause people to have problems and pain, and to "freak out". The "client" or "patient" is supposed to deal with real material conditions such as poverty, alienating work, powerlessness, sexism and racism by adjusting herself/himself to them, by changing personal attitudes, rather than by attacking the oppressive conditions directly and politically.

Strong emotions (rage, despair, elation, etc.) are invalidated. Anger is supposed to be talked about, let out and dissipated, rather than turned against real oppressors.

Therapy proponents say this is not so. "You're talking about traditional therapy. Radical therapy is different. It's progressive. It's political. It really helps people to change society, not merely adjust to it." However, in practice, many aspects of all therapy set up an unequal, hierarchical relationship where one person (the therapist) is set up as an "expert" in human emotions, relationships, etc.

Frequently when someone "freaks out" (is in a lot of pain and acts in a way that disturbs others), friends and family members feel they're not qualified to help, and that a "professional" is needed--someone with a degree in psychiatry, psychology, or social work. This further isolates the person and forces her/him to go to a "professional" just to have someone to talk to. These therapists have been indoctrinated in the medical model which sees problems as "symptoms" of "neurosis" or "psychosis". Even many "radical" therapists subscribe to the medical model since it is the philosophical basis that justifies their work. Almost all therapists are from more privileged class backgrounds than their "clients" and consequently can't relate to the oppression they face.

More often than not, therapy creates dependency of the "client" or "patient" on the therapist, although the theory professes to create independence or at worst, only temporary dependence. There is also an exchange of money. One has to pay for the attention and "caring" (real or feigned) of the therapist. It is not a mutual, caring relationship between equals.

The purpose of this article is not to pass judgment on people in therapy, but rather to understand why people are in therapy and to offer alternative ways to deal with personal pain and oppression. Why do people go to therapists, even voluntarily? We go because we live in a very alienating society. We are lonely and alone. We go seeking support--someone to listen to us and to care about us.

We go because we are afraid to be "open" with each other and to talk with others about intense feelings and thoughts. Some of us go and feel better afterwards. We feel we've been helped. Others of us feel worse or the same.

"What's the alternative," you ask, "given that we live in such an alienating world?" In the long run, the only alternative is to organize politically, to fight inequalities and oppression, and to change our society radically--eliminating the roots of our pain. In the meantime, we can also build our own networks of friends. We can build communities of people within which it is safe to be open, sharing and caring with each other in equal, mutual relationships.

"What about people who have no friends?" Again we must examine the political basis--the causes of people's loneliness. It is misleading to see loneliness mainly as a personality problem. It is rather a problem stemming from a society which often makes friendship a commodity based on youth, articulateness, and "attractiveness". It is not a coincidence that older people, inarticulate people, and people who deviate too much from Madison Avenue standards of attractiveness are lonely and without friends.

The support communities we build must be politically active, directing anger and other responses-to-oppression against our oppressors. We're not talking about building "utopias", but rather places where we can work with each other on a daily basis both against external oppressors and against the oppressive ways in which we've all learned to deal with each other. This includes changing the way we work together politically to make expressing and responding to feelings part of our work, rather than seeing them as obstructions. Often "inappropriate" feelings are responses to subtle power hierarchies within groups, such as dominance by white males or people with a college education.

The first step to political action is often withdrawal from the group that is oppressing us, in order to gain emotional support and validation from each other--thus the development of caucuses and support groups of women, gays, Third World people, ex-psychiatric inmates, etc.

We have a lot of work to do.

APPENDIX 3

THE MYTH AND POLITICS OF "MENTAL RETARDATION"*

by Lenny Lapon

"S/he can't adjust, doesn't function well, exhibits inappropriate behavior, has concrete thought processes." Sounds familiar. Are these labels and invalidating phrases attributed to people labelled "mentally ill" or to those labelled "mentally retarded"? I say both; the process is very similar, in many ways identical. Human beings are called "abnormal," "subnormal," and "deviant." A marginal class of people is created. They are told they are being helped and served, when in fact they are being harmed and controlled. From my own experience as a "live-in counselor" in a "group home" for the so-called "retarded," I learned that these people hated their label of "mentally retarded" with the same passion that we in the psychiatric inmates liberation movement hate our labels of "mentally ill," "schizophrenic," "psychotic," etc.

Often people say "mental retardation" is different from "mental illness"--the retarded have organic brain damage. This is misleading, for 85-90% of the people labelled "retarded" have no such organic brain damage (not that the remaining 10-15% should be subjected to psychiatric control and the deprivation of their basic human rights). People are labelled "mentally retarded" for various reasons which have social, political, and economic roots. The label is

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* "The Myth and Politics of 'Mental Retardation'" originally appeared as an article in the Winter-Spring 1980 Newsletter of the Alliance for the Liberation of Mental Patients (ALMP) in Philadelphia.

given early in childhood. Children from poor, Black, and non-English speaking families are most likely to receive this early stigmatization, from which there is usually no escape.

The so-called "intelligence tests" are set up with a white, middle-class bias, and the results are interpreted in such a manner as to automatically label as "retarded" hundreds of thousands of children who are given the lowest scores. Rebellious, non-conforming children are accused of "acting out" and are often labelled "retarded." (Several other labels such as "hyperactive" and "emotionally disturbed" are also used.) Children who don't like school and/or who don't get good grades are particularly vulnerable to receiving these labels. I have come across this labelling process time after time through records that were available to me as a "group home counselor" and as a volunteer in an institution for "retarded" children.

Of course, after a child is called "retarded," s/he is put in a "special" class or incarcerated in an institution where nothing or little is expected of her/him, and where little, if any, education takes place. This ensures that the "retarded" will have difficulty in reading and writing and other academic areas. The stigma ensures that they will lack confidence.

These institutions, "special classes," "half-way houses," "group homes" and "sheltered workshops" are all controlled by the "mental health" system, by psychiatrists and psychologists. The "clients", or rather victims, are deprived of their rights and control over their own lives. They are not allowed to make their own decisions. "Treatment" or "habilitation" of children and adults consists of drugging, behavior modification, restraints, and even psychosurgery.* Sterilization is also forced on people labelled "retarded." Socialization, conforming to society's norms is forced on people labelled "retarded" and is called "normalization." In the institutions especially there are beatings and depersonalization due to lack of freedom, privacy, and choice.

To give a specific example, I know one man who was labelled both "mentally retarded" and "mentally ill." He was locked up in a psychiatric institution. In order to force him to return to a "group home" where he was un-

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* Rosemary Kennedy, sister of the late President John F. Kennedy, was kept "out of sight", labeled "mildly retarded" and given a lobotomy in 1941.

happy, the staff instituted a policy they called "anti-hospital". It consisted of making the "hospital" as uncomfortable a place as possible. They took away his rights and called them privileges; they wouldn't allow him to smoke cigarettes. Day after day they provoked him. He spent several hours a day for eight straight days in leather restraints as part of this policy.

So-called "sheltered workshops" where the "retarded," the "mentally ill" and the physically handicapped all work for pay below the minimum wage are especially interesting. Wages are usually 50¢ to $1.00/hour (being exempt from the minimum wage law). The work is incredibly boring and repetitive (e.g., untwisting telephone cords, sorting out letters, etc.) The work is contracted from private corporations, e.g. the telephone company, which exploit this source of cheap labor and then have the nerve to call it "good will." Recently the courts ruled that workers at Morgan Memorial's Goodwill Industries "sheltered workshop" did not have the right to organize into a union.

The process of "deinstitutionalization," releasing of inmates from the institutions, is also parallel for the "mentally ill" and the "mentally retarded." The victims are released to boarding homes, half-way houses, community mental health centers, day programs, etc. where the same psychiatric control is maintained over their lives. The directors and board members of these so-called "services" are "mental health professionals" and "civic leaders"--they are not the victims, the "recipients of the services." Instead of the Mental Health Association, there are the Associations for Retarded Citizens; both are controlled by "professionals", "concerned citizens" and parents.

A few years ago the word "citizens" was substituted for the word "children" in the Association for Retarded Citizens. However, the patronization continues. There is at least one organized group of "mentally retarded" people. They call themselves the "Mohawks and Squaws." They meet regularly as a social club, and coordinate and participate in speaking engagements on the subject of "mental retardation." The Mohawks and Squaws can be contacted c/o BBN-JCC, 50 Sutherland Rd., Brookline, MA 02146.

APPENDIX 4

THE HAVERFORD RAILROAD:

A TYPICAL COMMITMENT HEARING*

by Lenny Lapon

While working as a paralegal for a legal advocacy project at Haverford State Hospital, I have had the occasion to be present at many Delaware County commitment hearings. The hearings are an utter outrage. Not that hearings which commit people to involuntary, unwanted alleged "treatment" (read "torture" in the form of high dosages of dangerous psychiatric drugs, seclusion and mechanical restraints) could ever be fair. The law, "Mental Health Procedures Act 143", is stretched and distorted with much use of the catch-all predictive criterion, "the person has acted in such manner as to evidence that he would be unable, without care, supervision and the continued assistance of others, to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is a reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded..."

The original petition for commitment can be initiated by any "responsible person" which in fact often turns out to be a shrink from a "community mental health center" whose lethal drugs have been refused, a slumlord who hasn't been able to collect his rent, or an angry or abusive spouse (usually the husband). Nearly all the people

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* This originally appeared as an article in the Winter-Spring 1979 Newsletter of the Alliance for the Liberation of Mental Patients in Philadelphia.

whose liberty is taken from them are poor and exhibit such symptomatology as "no food in the refrigerator," "messy apartment with lots of papers" and "inappropriate affect" (i.e., showing their anger at being railroaded, forcibly drugged and dragged to a hearing which is designed to lock them up.)

The committing shrink usually "examines" the "patient" (inmate) for about five minutes, and proceeds to dehumanize her/him in typical meaningless psychiatric jargon (e.g., schizophrenia, chronic, undifferentiated type; inappropriate behavior; passive-aggressive personality) that proposes to make medical problems out of social and political ones, and blames the victim of psychiatric, class, race and sex oppression. The so-called "treating physician" is rarely present.

Often the victim meets her/his attorney/public defender for the first time just after the start of the hearing. Usually the public defender has made no preparation and sees himself as acting in the "best interest" of the defendant (which is usually contrary to what the defendant perceives as her/his own best interest). Much more often than not, the public defender is not familiar with the psychiatric drugs and their effects and views this important area as one of "medical expertise" rather than one of social and political thought control.

Needless to say, very, very few people walk away from commitment hearings free.

APPENDIX 5

PSYCHIATRIC INMATES' LIBERATION/ ANTI-PSYCHIATRY GROUPS*

UNITED STATES

Psychiatric Genocide Research Institute
c/o Lenny Lapon
P.O. Box 80071
Springfield, MA 01138-0071

Mental Patients Liberation Front
Box 514
Cambridge, MA 02238

For Ourselves
PO Box 231
Epsom, NH 03234

Portland Coalition for the
Psychiatrically Labeled
Box 4138, Station A
Portland, ME 04101

Vermont Liberation Organization
RD #1
Johnson, VT 05656
(802) 635-7547

Project Release
Box 396, FDR Station
New York, NY 10022
(212) 816-7418

Association for the
Preservation of Anti-
Psychiatry Artifacts
Box 9
Bayside, NY 11361

Women Free Women in
Prison/No More Cages
Box 90
Brooklyn, NY 11215
(212) 499-8177

Mental Patients Alliance
of Central New York
(Syracuse)
Box 158
Syracuse, NY 13201

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* This list originally appeared in slightly different form in Madness Network News, Winter 1985, pp. 25-26.

Mental Patients Alliance
Box 875
Ithaca, New York 14850
(607) 257-6291

Coalition to Stop Electroshock
Box 875
Ithaca, NY 14850

The Sayville Project Club
251 South Main Street
Sayville, NY 11782

Alliance for the Liberation of
Mental Patients
Box 30228
Philadelphia, PA 19103

Human Enclave for Liberation from
Psychiatry (HELP)
c/o Danny Mesic
3103 Hartnett Blvd.
Isle of Palms, SC 29451
(803) 886-6965

Alternatives to Psychiatry
Assoc.
P.O. Box 694
Lake Worth, FL 33460

People Against Psychiatric Oppression
Box 19404
Cincinnati, OH 45219

Dawntreader, Inc.
P.O. Box 8432
Ann Arbor, Michigan 48107

Psychiatric Alternatives Alliance
Box 4433
Ann Arbor, MI 48106

Psychiatric Alternatives Alliance
615 Hoek Ct.
Kalamazoo, Mich. 49001

F.O.C.U.S./Voices Heard
600 Cass SE
Grand Rapids, MI 49503
(616) 245-8633

Project Overcome
6331 Bryant Ave. No.
Mpls., MN 55430
(612) 874-7600

Client Peer Support Group
c/o susan yudelman
Wasie Residence
2745 Chicago Ave.
Minneapolis, MN 55407
(612) 874-5077

Minnesota Assoc.to Stop
Psychiatry and Psychology
Box 13027, Dinkytown
Station
Minneapolis, MN 55414
(612) 874-0228

Mental Health Advocacy
Coalition
Box 618
Sioux Falls, SD 57101
(605) 334-4067

Project Acceptance
PO Box 187
Lawrence, KS 66044

Advocates for Freedom in
Mental Health
c/o Sharon Jacobs
1026 S. 56th Terrace
Kansas City, KS 66106
(913) 287-6498

Women Psychiatric Inmates
Liberation Front
c/o Twelfth International
Conference Committee
Box 61307
Denver, CO 80206

Channel One
PO Box 6005
Sante Fe, New Mexico 87502
(505) 982-5834

Network Against Psychiatric Assault--Los Angeles
Box 5728
Santa Monica, CA 90405

California Network of Mental Health Clients
7111 Magnolia Avenue, Suite A
Riverside, CA 92504
(714) 684-6159

SF Network of Mental Health Clients
c/o PRAS
890 Hayes
San Francisco, CA 94117
(415) 552-9101

Mental Health Consumer Concerns
T.A.L.L.A.Y.--Take a Loving Look at Yourself
2727 Alhambra Ave., Suite 2B
Martinez, CA 94553
(415) 372-8110

Coalition to Stop Electroshock
PO Box 3301
Berkeley, CA 94703
(415) 548-2980

Center for Independent Living
Mental Disabilities Independent Living Project
2439 Telegraph Ave.
Berkeley, CA 94704
(415) 841-4776

Alameda County Network of Mental Health Clients
c/o CIL
2439 Telegraph Ave.
Berkeley, CA 94704 (415) 841-4776

Madness Network News
2054 University Ave., rm. 405
Berkeley, CA 94704
(415) 548-2980

Network Against Psychiatric Assault
Women Survivors of the Mental Health System
2054 University Ave., rm. 406
Berkeley, CA 94704
(415) 548-2980

Psychiatric Inmates Rights Collective
Box 299
Santa Cruz, CA 95061
(408) 475-7904

CAPABLE--Citizens Against Psychiatric Abuse and Bureaucratic and Legal Entanglements
Box 373
Talmage, CA 95481
(707) 462-9059

Anti-Psychiatry Association
Box 85004
Seattle, WA 98105

CANADA

Newfoundland Assoc. of Psychiatric Patients
11 Church Hill St.
St. John's, Newfoundland A1C 3Z7
(709) 753-2143

Auto-Psy
322, rue Saint-Luc, #3
Quebec City, Quebec G1N258
(418) 529-1978

Project P.A.L.
3957 Wellington
Verdun, Quebec H4G1V6
(514) 767-4701

Solidarite Psychiatrie
7401 St. Hubert
Montreal, Quebec H2R 2N4
(514) 271-1653

On Our Own/Phoenix Rising
Ontario Coalition to Stop Electroshock
Box 7251, Station A
Toronto, Ontario M5W 1X9
Office: 180 Queen St. E.
Toronto
(416) 699-3194

Society for the Preservation of Rights of the Emotionally Distraught
c/o Shirley Johnson
Fred Serafino
195 Wellington St. S. #242
Hamilton, Ontario L8N 2R7

Last Boost Club
330 Edmonton St., 2nd Floor
Winnipeg, Manitoba
(204) 924-1027

Phoenix Project
170 Arlington
Winnipeg, Manitoba

P.A.L. Executive
c/o 9-280 River Avenue
Winnipeg, Manitoba R3L 0B8

By Ourselves
2054 Broad Street
Regina, Sask. S4P 1Y3
(525-2613)

Self Esteem Through Independence
c/o355 Princess Ave.
London, Ontario N6B 3J7

Calgary Assoc. of Self Help
1117 Macleod Trail SE
Calgary, Alberta T2G 2M8
(403) 266-8711

Mental Patients Assoc.
2146 Yew Street
Vancouver, British Columbia
V6K 3G7
(604) 738-5177

ENGLAND

PROMPT
c/o 11 Ottershaw House
Horsell Rd.,St.Paul's Cray
Kent
(01) 693-0011 (MWF 3-10pm)

Lawletter

90 Fawcett Estate
Clapton Common
London E5 9HX

Inquest: United Campaigns for Justice
22-28 Underwood Rd.
London E1 5AW
(01) 247-4759

Hackney Mental Patients
Assoc.
Box 48
136 Kingsland High St
London E8

Matthew O'Hara Committee
c/o 177 Glenarm Road
London E5 ONB

Depressives Associated
c/o Mrs. Janet Stevenson
19 Merley Ways
Wimborne Minster
Dorset BH21 1QN

Protection for the Rights of
Patients at Rampton
University of Nottingham
Nottingham, Nottinghamshire

HOLLAND

There are dozens of information centers, work groups, etc. Following is a sample of some of the more active ones.

Clientenbond in de
Welzijnszorg
Postbus 645
3500 AP Utrecht
(070) 631 276

Clientenbond Bulletin
Postbus 13 541
Den Haag

Gek-ooit
Postbus 43097
Amsterdam

GO-ON
Stichting Coed Onderkomen
Postbus 82097
2508 EB Den Haag

Stichting Pandora
2e Constantijn
Huijgensstrat
1054 Amsterdam
(020) 127-552

Helse Hex
Minagassastr. 1
Amsterdam

BELGIUM

Group Information Asyle
p/a Yves Conreur
rue Landeveld 146
Brussels

Mensen Onder Mensen
Koning Albertplein 20
Kessel-Lo

Werkgroep Psychiatrie
Release Leopoldplaats 40
Hasselt

Passage 144
Tiense Steenweg 144
Leuven

Pica
Wolstraat 31
Antwerpen

FRANCE

G.I.A. Lyon
c/o Maurice Dumoulin
BP 8461
69359 Lyon Cedex 2
NOTE: There are also G.I.A. (information centers?) in Paris, Maisons Alfort, Chambery, Toulouse.

Mise A Pied
BP 2038
31018 Toulouse Cedex

SWITZERLAND

Patienten Basel
Postfach 3839
Hammerstrasse 1600
Basel

Assoc. des Usagers de la Psychiatrie
22 rue Neuve du Molard
Geneva
(022) 219 575 (Tues.6-9pm)

Interessen Gemeinschaft Psychiatrie
Sektion Zurich
8402 Winterthur

GERMANY

Sozialistische Selbsthilfe Koln (Socialist Selfhelp Cologne)
Liebigstrasse 25
5 Koln 1
(0221) 556 189

Beschwerdezentrum Psychiatrie Bonn
Krausfeld 10
Bonn 53
(0228) 655 409
NOTE: There are Beschwerdezentrum (information Centers) in Koln, Bielefeld,Munster,Kropp, Dortmund,Dusseldorf,Muchel, Aachen,Bremen,Wurzburg,Stuttgart,Marburg, Bochum,Paderborn.

Patientenfront
c/o G. Schuck
Postfach 211 227
Ludwigshafen

Irren-Offensive
Pallasstrasse 12
1000 West Berlin 30

Schocks und Antischocks
c/o Vera Kruse
Admiralstrasse 18
1000 Berlin 36

GREECE

Movement for the Rights of Mental Patients
16A, S. Charalambi Str.
Athens 708

DENMARK

Amalie
Linnesgade 26
1361 Kobnhavn

NOTE: *This is the paper of the Danish madmovement and contains a listing of groups in Denmark*

ICELAND

Gedhjalp
Baragotu 11
101 Reykjavik

NEW ZEALAND

Wellington Patients' Organization
P.O. Box 10180
Wellington, New Zealand

AUSTRALIA

Campaign Against Psych.
Injustice and Coercion
(CAPIC)
10-14 Johnston Street
Collingwood 3066,
Victoria Australia
(Melbourne)

Pala Society
P.O. Box 153
Waverley 2024,
New South Wales Australia
(Sydney)

Committee on Mental Health
Advocacy (COMMA)
P.O. Box A625
South Sydney 2000,
New South Wales Australia

Grow
209A Edgeware Rd.
Marickville NSW 2204

Foundation for the
Abolition of Compulsory
Treatment
Post Office Box 3
Subiaco

NOTES

CHAPTER 1

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6. Ibid., pp. 349-350.
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